

checklist

Budget Planning Checklist

Event name: _____

Purpose of the Event: _____

Event Date: _____

Start time: _____:_____ End time: _____:_____

No. of Attendees: _____

Budget: _____

Event Facilities

1st Preference:

Facility Name: _____

Dates available:

1] _____ - _____ - 2008

2] _____ - _____ - 2008

3] _____ - _____ - 2008

Room Size: _____

Room Rental Rate: \$ _____.

PARKING RATE:Valet: \$ _____ Per hour daySelf: \$ _____ Per hour day Free Parking**3rd Preference:**

Facility Name: _____

Dates available:

1] _____ - _____ - 2008

2] _____ - _____ - 2008

3] _____ - _____ - 2008

Room Size: _____

Room Rental Rate: \$ _____.

PARKING RATE:Valet: \$ _____ Per hour daySelf: \$ _____ Per hour day Free Parking**2nd Preference:**

Facility Name: _____

Dates available:

1] _____ - _____ - 2008

2] _____ - _____ - 2008

3] _____ - _____ - 2008

Room Size: _____

Room Rental Rate: \$ _____.

PARKING RATE:Valet: \$ _____ Per hour daySelf: \$ _____ Per hour day Free Parking**4th Preference:**

Facility Name: _____

Dates available:

1] _____ - _____ - 2008

2] _____ - _____ - 2008

3] _____ - _____ - 2008

Room Size: _____

Room Rental Rate: \$ _____.

PARKING RATE:Valet: \$ _____ Per hour daySelf: \$ _____ Per hour day Free Parking

Hotels

1st Preference:

Hotel Name: _____
 Number of Rooms Available: _____
 Room Rate: \$ _____
 Number of Suites Available: _____
 Suite Rate: \$ _____
 Arrival Date: _____ - _____ - 2008
 Departure Date: _____ - _____ - 2008
 Payment Type: _____

PARKING RATE:

Valet: \$ _____ Per hour day
 Self: \$ _____ Per hour day
 Free Parking

2nd Preference:

Hotel Name: _____
 Number of Rooms Available: _____
 Room Rate: \$ _____
 Number of Suites Available: _____
 Suite Rate: \$ _____
 Arrival Date: _____ - _____ - 2008
 Departure Date: _____ - _____ - 2008
 Payment Type: _____

PARKING RATE:

Valet: \$ _____ Per hour day
 Self: \$ _____ Per hour day
 Free Parking

Room Set-Up:

- | | | |
|---|--|--|
| <input type="checkbox"/> Classroom Seating | <input type="checkbox"/> Theater Seating | <input type="checkbox"/> Chevron Seating |
| <input type="checkbox"/> Conference Seating | <input type="checkbox"/> U-Shape Seating | <input type="checkbox"/> Hollow Square Seating |
| <input type="checkbox"/> T-Shape Seating | <input type="checkbox"/> Banquet Seating | <input type="checkbox"/> Crescent Seating |

VIP(s) and Special Guests:

No. of VIP(s): _____ No. Guest(s): _____ No. of VIP Tables: _____

Separate Tables: Yes No

Food service:

Budget: \$ _____
 Cost: \$ _____

- | | |
|---|---|
| <input type="checkbox"/> American Service
<small>[Cooked and plated in kitchen]</small> | <input type="checkbox"/> French Service
<small>[3 Course, 1 already on the table]</small> |
| <input type="checkbox"/> Russian Service
<small>[Guests serve themselves off platters held by butlers]</small> | <input type="checkbox"/> Family Style
<small>[Platters brought to the table and people serve themselves]</small> |
| <input type="checkbox"/> Buffet | <input type="checkbox"/> Cocktails |

<input type="checkbox"/> Tables\$ _____	<input type="checkbox"/> Chairs\$ _____	<input type="checkbox"/> Dishes\$ _____
<input type="checkbox"/> Glassware ..\$ _____	<input type="checkbox"/> Cutlery\$ _____	<input type="checkbox"/> Linen\$ _____
<input type="checkbox"/> Vases\$ _____	<input type="checkbox"/> Servers\$ _____	<input type="checkbox"/> Bartenders ..\$ _____

Special Menu Request(s):

Budget: \$ _____
 Cost: \$ _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Kosher\$ _____ | <input type="checkbox"/> Vegetarian ..\$ _____ | <input type="checkbox"/> Vegan\$ _____ |
| <input type="checkbox"/> Organic\$ _____ | <input type="checkbox"/> Diabetic\$ _____ | <input type="checkbox"/> Soy Free\$ _____ |
| <input type="checkbox"/> Low Fat\$ _____ | <input type="checkbox"/> Low Sodium \$ _____ | <input type="checkbox"/> Lactose Free..\$ _____ |

Beverage Service:

Budget: \$ _____
 Cost: \$ _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Coffee\$ _____ | <input type="checkbox"/> Tea\$ _____ | <input type="checkbox"/> Sodas\$ _____ |
| <input type="checkbox"/> Bottled Water \$ _____ | <input type="checkbox"/> Wine/Beer ..\$ _____ | <input type="checkbox"/> Liquor\$ _____ |

Supporting Staff:

Budget: \$ _____

Cost: \$ _____

- Caterer\$ _____
- Mover(s)\$ _____
- Clean-Up Staff\$ _____
- Music\$ _____
- Coat-Check Attendants\$ _____
- Presenter\$ _____
- Courier(s)\$ _____
- Press Writer(s).....\$ _____
- Decorator\$ _____
- Security\$ _____
- Floor Manager(s)\$ _____
- Speaker(s).....\$ _____
- Florist Decorator\$ _____
- Translation & Interpretation ..\$ _____
- Lighting\$ _____
- Valet Staff.....\$ _____
- Meeting Planner\$ _____
- Video\$ _____

Audio and Visual:

Budget: \$ _____

Cost: \$ _____

- Photographer.....\$ _____
- AV Specialist\$ _____
- Screens.....\$ _____
- Lectern\$ _____
- Presentation equipment\$ _____
- Microphones\$ _____

Necessities:

Budget: \$ _____

Cost: \$ _____

- Awards\$ _____
- Menu Cards\$ _____
- Corporate Giveaways\$ _____
- Nametags\$ _____
- Directional Signs\$ _____
- Permits.....\$ _____
- Envelopes and Postage\$ _____
- Petty Cash to Pay Vendors...\$ _____
- Event Programs\$ _____
- Place Cards\$ _____
- Flip Charts and Markers.....\$ _____
- Press Kits\$ _____
- Guest List.....\$ _____
- Programs\$ _____
- Insurance\$ _____
- Storage Area\$ _____
- Invitations\$ _____
- Table Numbers.....\$ _____
- Labels\$ _____
- Table Stands.....\$ _____
- List With Staff Responsibilities \$ _____
- Thank You Letters\$ _____
- Media List\$ _____

Transportation:

Budget: \$ _____

Cost: \$ _____

- Shuttle Service\$ _____
- Taxi.....\$ _____
- Limousine.....\$ _____
- Car\$ _____

Registration area set-up:

Budget: \$ _____

Cost: \$ _____

- No. of tables: _____ \$ _____
- No. of chairs: _____ \$ _____
- No. of easels: _____ \$ _____
- No. of wastebaskets: _____ \$ _____
- Electrical access: _____ \$ _____
- No. of Phone Connections: _____ \$ _____

Notes

Remark 1: _____

Remark 2: _____

Remark 3: _____

Remark 4: _____

Remark 5: _____

Remark 6: _____
