

Indiana Library Federation Unit/District Conference Financial Plan

If you have any questions concerning the completion of this form, contact the ILF office (317) 257-2040.
The budget must be approved before any expenses for your conference may be incurred.

Unit/District:

Conference Date and Location:

Unit/District Conference Coordinator:

(Include name, address, telephone, fax, and e-mail)

1. List any in-kind donations you anticipate soliciting:

2. List names of gratis registrants:

3. Income Projection:

Registration:

No. of Members x Registration Fee _____ = _____

No. of Nonmembers x Registration Fee _____ = _____

No. of Gratis Registrations _____ x 0

Total Registrants Total Fees: _____

Meal Function:

(If there is more than one meal function, break out the meal registrations on a separate sheet and use this section for total revenue collected only.)

No. of Paid Registrations .. _____

No. of Volunteer Workers* _____

Total Number of Meals x Meal Charge _____ = _____

Vendor Income: _____

Anticipated Donations/Grants: _____

Transfer from Conference Profit Account(CPA): _____

(Attach CPA form to explain the use of these funds.)

Total Projected Income: _____

**Refer to District Conference Policies and Procedures*

4. Expense Projection:

(Please attach an itemized explanation of categories.)

Planning Expenses/Materials _____
 Conference Location Cost (rental fee, custodial charges, etc.) _____
 Speakers*
 Honorarium _____
 Speaker Travel (airfare or \$.20/mile) _____
 Speaker Overnight Accommodations _____
 Speaker Per Diem (\$30/day maximum) _____
 Equipment (rental of audio/visual equipment, tables, chairs, etc.) _____
 Conference Publicity
 Articles in *Focus on Indiana Libraries* Free _____
 Registration Brochure
 Graphic Design (please consult with the ILF office) Free _____
 Printing _____
 Mailing _____
 Meal Expenses (# of registrants + # of workers x meal cost =) _____
 Food/Drink (other than meal costs) _____
 Program Materials (folders, copying, etc.) _____
 Insurance
 Liability (\$1.50 per registrant) _____
 Event ** _____
 Other (Please detail) _____

Subtotal: _____

 ILF Office Support
 (22% of Projected Expense Subtotal) _____
 Special Expense (See Financial Transaction Request Form in Chapter 2) _____

Total Projected Expenses: _____

Total Projected Income (from other side): _____

Net Profit (projected income - projected expenses =) _____

5. Additional information or comments:

6. Signatures

Approved by Unit Chair: _____
 Approved by Unit Treasurer: _____
 Approved by ILF Treasurer: _____
 Approved by ILF Executive Director: _____

**Speaker expenses to be covered by the Conference Profit Account should be listed under Special Expense.*

***Optional: Final figure to be determined by actual expenses*

**Please submit completed form to:
 Indiana Library Federation, 941 E. 86th Street, Suite 260 Indianapolis, Indiana 46240
 Phone: (317) 257-2040, Fax: (317) 257-1389**