Statement of Expenditure and Income

Event Name :											
Event Date											
(A)	Expenditure Item Description		Estimated Amount (\$) (a)		Actual Amount (\$) (b)	Remarks (Please provide explanation for any variances over 25% between (a) and (b))					
	-		<u>(a)</u>		<u>(b)</u>	variances over 25% between (a) ana (b))					
I.	BOARD & LODGING										
	1.	Accommodation									
	2.	Transportation for Overseas Technical Officials/Play									
	3. Local Transport for Players/Technical Officials/Officials										
	4.	Meal									
	5.	Others (please specify)									
		Si	0	0							
II.	I. STAFF REMUNERATION										
	1. 2.	Coach / Lecturer / Instructor fee Official Fee									
	3.	Conference Speaker fee									
	4.	Daily Allowance for Medical Personnel (e.g. Physiotherapist, Doctor and First-Aider)									
	5.	Others (please specify)									
		Su	ıb-total :	0	0						
III.	MI	NOR EVENT-RELATED EXPENSES									
	1.	Ceremony Related Expenses									
	2.	Medical Services and Related Expenses									
	3.	Overseas Fax, Telephone Call, Mobile Data Charge, Photography & Video Shooting									
	4.	Press Conference									
	5.	Stationery and Postage									
	6.	Souvenirs									
	7.	Uniform									
	8.	Laundry Services									
	9.	Water									
	10.	Anti-Doping									
	11.	Bank Charges									
	12.	Supplement of Drinks / Diet for Local Athletes (include sports drinks, fruits and biscuits etc.)									
	13.	Others (please specify)									
		Sı	ıb-total :	0	0						

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<u>Ite</u>	em <u>Description</u>		Estimated Amount (\$) (a)	Actual Amount (\$) (b)	Remarks (Please provide explanation for any variances over 25% between (a) and (b))
IV. MA	JOR EVENT-RELATED EXPENSES				
1.	Entry / Participation Fee				
2.	Purchase of Consumable Sports Equipmer	nt			
3.	Reception (e.g. Tea reception / refreshment/ cocktail	party / Banquet)			
4.	Prizes (Trophy & Medals)				
5.	Setting up of Venue				
6.	Venue Charges				
7.	Transport of Equipment				
8.	Appearance & Prize Money				
9.	Printing, Publicity & Production				
10.	Audit fee				
11.	License / Right / Sanction Fee				
12.	Insurance				
13.	Others (please specify)				
		Sub-total:	0	0	
V. OT	HERS (Please specify)				
		Sub-total:	0	0	
		Total :		0	
(B) Inc	ome		Estimated Amount (\$) (a)	Actual Amount (\$) (b)	Remarks (Please provide explanation for any variances over 25% between (a) and (b))
1.	Entry Fee				
2.	Gate Receipt				
3.	Sponsorship				
4.	Broadcasting Rights				
5.	Merchandise Sales				
6.	Others (please specify)				
		Total :	0	0	
(C) Bal	ance		Amount (\$)		
Act	ual Income - Actual Expenditure	=			