

SOUTHEAST VOLUSIA ADVERTISING AUTHORITY
Financial Supplement

This form must be completed and returned no fewer than 30 days after the date of the event. Please attach all supporting documents.

Event Organizer _____ Event Name _____

Funding Amount \$ _____

Revenues (include in-kind and donated revenues and source)

\$ _____

Total Revenues \$ _____

Expenses

\$ _____

Total Expenses \$ _____

Net Income/Loss

Estimate Number of Room Nights Generated _____

Estimated Event Attendance _____

Previous SVAA Funding

Date: _____

Amount Received: \$ _____