

# PLANNING ESTIMATE

[Organization Name]  
[Address Line 1]  
[City, State, Zip]

**Estimate #:** [0000]  
**Date:** [Date]  
**Gala Date:** [Event Date]

**Client / Sponsor:**

[Name/Company]  
[Address]  
[Email/Phone]

**Event Details:**

**Theme:** [Theme Name]  
**Venue:** [Location]  
**Est. Guests:** [000]

CATEGORY / DESCRIPTION	QTY / HRS	UNIT COST	TOTAL
Venue Rental & Insurance	1	\$0.00	\$0.00
Catering (Food & Beverage)	[000]	\$0.00	\$0.00
Audio/Visual & Lighting	1	\$0.00	\$0.00

CATEGORY / DESCRIPTION	QTY / HRS	UNIT COST	TOTAL
Entertainment & Keynote Speakers	1	\$0.00	\$0.00
Marketing, Print & Invitations	1	\$0.00	\$0.00
Auction Management & Software	1	\$0.00	\$0.00

Subtotal: \$0.00

Contingency (10%): \$0.00

Estimated Total: \$0.00

**Notes:** This is a preliminary estimate based on current requirements. Prices are subject to change based on vendor availability and final guest count.

*Thank you for your commitment to our mission.*