

# BUDGET ESTIMATE

[Event Name]

Estimate #: [0000]  
Date: [MM/DD/YYYY]

## Client Information:

[Client Name]  
[Company Name]  
[Address/Contact]

## Event Details:

Date: [Event Date]  
Venue: [Location Name]  
Attendance: [Expected Headcount]

## 1. Venue & Infrastructure

| Description         | Quantity | Unit Cost | Total |
|---------------------|----------|-----------|-------|
| Venue Rental Fee    |          |           |       |
| Security & Staffing |          |           |       |
| Insurance/Permits   |          |           |       |

## 2. Food & Beverage

|                         |  |  |  |
|-------------------------|--|--|--|
| Catering (Per Person)   |  |  |  |
| Bar Service / Beverages |  |  |  |
| Service Gratuity        |  |  |  |

## 3. Audio Visual & Programming

Sound & Lighting Equipment

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Stage & Decor

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Speakers/Entertainment

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#### 4. Marketing & Admin

Printing & Signage

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Registration/Software

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Event Management Fee

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Subtotal \$0.00

Tax ([0]%) \$0.00

Contingency ([0]%) \$0.00

**Estimated Total \$0.00**

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**Notes:** This is an estimate only. Final billing will be based on actual costs incurred and final headcount confirmed 72 hours prior to the event.