



602 South Main, Joplin, MO 64801  
 phone: 417.625.4789 fax: 417.624.7948

## Itemized Budget Grid

Attachment #2

**SECTION A:**

Name of Event: \_\_\_\_\_

1. Include all items being budgeted for this event.
2. Indicate in appropriate column which items will be submitted for reimbursement.
3. Each section total must match the line items on the project budget.

**SECTION B:**

**Publications & Broadcast Media**

| Reimbursed<br>Y/N | Item # | Name of Publication or Broadcast<br>Media | # of Ads<br>Placed | Publication or<br>Air Date | Ad Cost | Ad Description<br>Size, BW or<br>4 Color |
|-------------------|--------|---|--------------------|----------------------------|---------|--|
|                   | 1.     |   |                    |                            |         |  |
|                   | 2.     |   |                    |                            |         |  |
|                   | 3.     |   |                    |                            |         |  |
|                   | 4.     |   |                    |                            |         |  |
|                   | 5.     |   |                    |                            |         |  |
|                   | 6.     |   |                    |                            |         |  |
|                   | 7.     |   |                    |                            |         |  |
|                   | 8.     |   |                    |                            |         |  |

You may use an additional piece of paper if necessary

**Total Cost:** \_\_\_\_\_

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**SECTION C:**

**Printed Materials**

| Reimbursed Y/N | Item # | Printer | Product | Date of Printing | Quantity | Printing Cost | Distribution Outlets |
|----------------|--------|---------|---------|------------------|----------|---------------|----------------------|
|                | 1.     |         |         |                  |          |               |                      |
|                | 2.     |         |         |                  |          |               |                      |
|                | 3.     |         |         |                  |          |               |                      |
|                | 4.     |         |         |                  |          |               |                      |
|                | 5.     |         |         |                  |          |               |                      |
|                | 6.     |         |         |                  |          |               |                      |

You may use an additional piece of paper if necessary

**Total Cost:** \_\_\_\_\_

**SECTION D:**

**Postage and Production**

| Reimbursed Y/N | Item # | Material to which expense relates | Expense Description | Cost | Vendor | Radius of Distribution (miles) |
|----------------|--------|-----------------------------------|---------------------|------|--------|--------------------------------|
|                | 1.     |                                   |                     |      |        |                                |
|                | 2.     |                                   |                     |      |        |                                |
|                | 3.     |                                   |                     |      |        |                                |
|                | 4.     |                                   |                     |      |        |                                |

You may use an additional piece of paper if necessary

**Total Cost:** \_\_\_\_\_

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**SECTION E:**

Miscellaneous Expenses (can include but is not limited to website enhancement, prize money, entertainment fee, exhibits etc.)

| Reimbursed<br>Y/N | Item # | Item Description | Cost | Vendor<br>(if applicable) | Written Bids<br>(if cost exceeds \$3000) |
|-------------------|--------|------------------|------|---------------------------|--|
|                   | 1.     |                  |      |                           |  |
|                   | 2.     |                  |      |                           |  |
|                   | 3.     |                  |      |                           |  |
|                   | 4.     |                  |      |                           |  |
|                   | 5.     |                  |      |                           |  |
|                   | 6.     |                  |      |                           |  |
|                   | 7.     |                  |      |                           |  |
|                   | 8.     |                  |      |                           |  |
|                   | 9.     |                  |      |                           |  |
|                   | 10.    |                  |      |                           |  |
|                   | 11.    |                  |      |                           |  |
|                   | 12.    |                  |      |                           |  |

You may use an additional piece of paper if necessary

**Total Cost:** \_\_\_\_\_

**Total of all Sections:** \_\_\_\_\_

**Total Amount Requesting for Reimbursement:** \_\_\_\_\_

**Any materials that require the JCVB logo on them for reimbursement must be approved prior to production and printing.**

**Any changes to items on the budget that qualify for reimbursement must be submitted in writing to the CVB Director of Sales immediately in order to qualify for reimbursement.**

I have read and understood the above statements and agree to adhere to them accordingly.

\_\_\_\_\_  
Signature of Project Manager

\_\_\_\_\_  
Date