

S A L E S

SHOW _____ DATE _____

REVENUE

Cash	_____
Electronic Payments	_____
Orders	_____
_____	_____
_____	_____
_____	_____

Total _____

EXPENSES

DOC. NRS.

Entry Fee	_____	_____
Accommodation	_____	_____
Car/Gas or Travel Costs	_____	_____
Parking	_____	_____
Catering	_____	_____
Gifts & Give-Aways	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total _____

Revenue Total		_____
Expenses Total	-	_____
Change	-	_____

PROFIT TOTAL _____