Barony of Seagirt

FEAST REPORT FORM

PLEASE INCLUDE ALL RECEIPTS.

EVENT NAME	DATE	# OF FEASTERS	# OF SERVERS	# OF FOOD PREPARERS

FEAST-O-CRAT (SCA)	FEAST-O-CRAT (MUNDANE)	PHONE #
HEAD SERVER (SCA)	HEAD SERVER (MUNDANE)	PHONE #

EXPENSES - FOOD COSTS

DATE	STORE NAME	AMOUNT

A. TOTAL FOOD COSTS

EXPENSES - OTHER

DATE	ITEM(S)	AMOUNT

B. TOTAL OTHER EXPENSES

C. CAPITAL PURCHASES (e.g. pots, utensils, etc.)

DATE	ITEM(S)	AMOUNT

C. TOTAL CAPITAL PURCHASES

(A+B+C =) D. TOTAL EXPENSES

(A+B / # OF FEASTERS =) E. COST PER FEASTER

SIGNATURE OF FEAST-O-CRAT

DATE SIGNED