



Date & Time:	Theme:	Location:
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<i>SCHEDULE</i>	

<i>DECORATION</i>			
<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

PARTY FOOD

<input type="checkbox"/>		<input checked="" type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

SPECIAL GUESTS

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

DETAIL EXPENSES

No.	Item	Amount	Price

Total	Budget	Return