

EXPENSE

INCOME

Materials on hand:

Value

Source:

Amount

\$ _____
\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Purchased Materials:

Cost

Total Expense

Total Income

Profit or Loss (please circle)

\$ _____
\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____

ADDITIONAL INFORMATION

Anything you wish to share related to your project, may include pictures.

