

CONTINUING MEDICAL EDUCATION EDUCATION ACTIVITY BUDGET

Activity Number: _____ Activity Director: _____

Activity Title: _____

Account Number Receiving Funds: _____

Institution (WSU, FMRE, DMC Hospital) _____

REVENUE

Registration Fees - Number paid _____ Number unpaid _____ Total \$ _____

Grants: Source	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

(Attach separate sheet if you need more space)

TOTAL GRANTS \$ _____

Exhibits: Source	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

(Attach separate sheet if you need more space)

TOTAL EXHIBITS \$ _____

Other: Source	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

(Attach separate sheet if you need more space)

TOTAL OTHER SOURCES \$ _____

TOTAL REVENUE \$ _____

EXPENSES

Faculty and Staff

Name	Honorarium	Expenses
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
(Attach separate sheet if you need more space)		
TOTAL FACULTY AND STAFF		\$ _____

Arrangements - Room Rental, Catering, Lodging, Social Events, etc.

Description	Vendor (when known)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
(Attach separate sheet if you need more space)		
TOTAL ARRANGEMENTS		\$ _____

Educational Materials		\$ _____
Administrative Costs		\$ _____
Publicity and Marketing		\$ _____
Other Expenses		
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
TOTAL OTHER EXPENSES		\$ _____

TOTAL EXPENSES		\$ _____
Profit/Loss (Revenue minus Expenses)		\$ _____