

CME Activity Budget Planner

Activity Title:
Institution:

Date: _____

| Income Category | | Projected | Actual | Expense Category | Projected | Actual |
|---|--|-------------|-------------|---|-------------|-------------|
| Registration fees | | | | Marketing | | |
| Participants @ \$ | | \$ - | | Save the Date Cards/Brochures | \$ - | |
| Participants @ \$ | | | | Syllabus, Design and Printing | \$ - | |
| Participants @ \$ | | | | Mailing Labels/ Postage | \$ - | |
| Participants @ \$ | | | | Other, specify | \$ - | |
| Subtotal-Registration Fees | | \$ - | \$ - | Subtotal-Marketing | \$ - | \$ - |
| List Funding Sources-Commercial Support | | | | Meeting Space and Logistics | | |
| | | | | Audio-visuals | \$ - | |
| | | \$ - | | Hotel, Meeting Room Rental | \$ - | |
| | | | | Hotel, Lodging | \$ - | |
| | | | | Catering/Meals | | |
| | | | | Supplies | \$ - | |
| Exhibit Income | | | | | \$ - | |
| Subtotal | | \$ - | \$ - | Subtotal-Meeting Space/Logistics | \$ - | \$ - |
| List Funding Sources-Department | | | | Honoraria and Travel Expenses | | |
| | | | | Lodging | \$ - | |
| | | | | Honorarium | | |
| | | \$ - | | Air/Gound Travel | \$ - | |
| | | | | Other Fees | | |
| | | | | Subtotal-Honoraria/Travel Exp. | \$ - | \$ - |
| List Funding Sources- Other, specify - Educational Contracts, i.e. Gov't | | | | Other Fees | | |
| | | | | CME Accreditation fee | \$ - | |
| | | | | Certificate/transcripts fees | \$ - | |
| Total Income | | \$ - | \$ - | Total Expenses | \$ - | \$ - |
| NET GAIN (LOSS) | | | \$ - | | | \$ - |

Activity Director Signature _____

This Form to be fill-out at the end of the activity if commercial support is received

| Commercial Support Funds Reconciliation | Amount of payment | Reason for payment | Company providing funds |
|---|-------------------|--------------------|-------------------------|
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| | | | |
| TOTAL | \$ - | | |

Exhibitors

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|--------------|-----|--|--|--|
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| TOTAL | \$0 | | | |