

CME Activity Budget Planner

Date: _____

Activity Title: _____
Institution: _____

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
TOTAL	\$ -		

Exhibitors

TOTAL	\$0			