SUNY Downstate Medical Center | Office of Continuing Medical Education

Commercial Support Worksheet

Facility: _____

Activity title: _____

Date: _____

Company Name	Amt Rcvd	Received Date	Check payable to?	Purpose	*FOR CME OFFICE USE ONLY*			
sample- merck	*$2,000.00*	*2/20/2008*	*downstate ocme*	*honorarium for Dr. John Smart 3/5/08*	***Agreement Signatures***	Flyer	HO	EXH
	0							
Total Support Received								