SUNY Downstate Medical Center | Office of Continuing Medical Education

CME Activity Final Budget

Activity Title: _____ **Date:** _____

Income Category		Actual	Expense Category		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**	$ -	$ -
Commercial Support-List Funding Sources			**Meeting Space and Logistics**		
		$ -	Audio-visuals	$ -	$ -
	$ -		Hotel, Meeting Room Rental	$ -	
			Hotel, Lodging	$ -	
			Meals	$ -	$ -
Exhibit Income			Supplies	$ -	$ -
Subtotal	$ -	$ -	**Subtotal–Meeting Space/Logistics**	$ -	$ -
In-kind Contributions			**Honoraria and Travel Expenses**		
				$ -	**$ -**
	$ -			**$ -**	
			Subtotal-Honoraria/Travel Exp.	**$ -**	**$ -**
Other, specify - Educational Contracts, dept. funds			**Other Fees**		
Dept. Fund			CME	$ -	$ -
			Other	$ -	$ -
Total Income	$ -	$ -	**Total Expenses**	$ -	$ -
NET GAIN (LOSS)		$ -			

Activity Director Signature _____

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Faculty	Amount of payment	Reason for payment	Company providing funds
	$ -		
	$ -		
TOTAL	$ -		