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|--|-----------------|---------------|------------------|------------------|
| Event Title: | | | | |
| Lecture Title: | | | | |
| Event Date: | | | | |
| Event Location: | | | | |
| BUDGET PLANNING | ESTIMATE | ACTUAL | DATE PAID | CHECK NO. |
| A. Honorarium | | | | |
| Faculty Name & Honorarium Amt. | | | | |
| | | | | |
| | | | | |
| Total Honoraria: | | | | |
| B. MEETING COSTS | | | | |
| Faculty Travel | | | | |
| Faculty Lodging | | | | |
| Faculty Parking | | | | |
| Faculty Meals | | | | |
| Meeting Room Rental | | | | |
| Handouts Printing | | | | |
| Brochure Printing | | | | |
| Brochure Mailing | | | | |
| Meal for Event participants | | | | |
| Special Supplies or Equipment | | | | |
| Other | | | | |
| CME Recording & Application = \$300 Ongoing \$400 Special & JS | | | | |
| Certificates -\$10ea | | | | |
| CME Planning | | | | |
| CME Site Visit Travel/lodging | | | | |
| TOTAL MEETING COSTS | | | | |
| Total Honoraria & Meeting Costs | | | | |
| C. INCOME | | | | |
| Charged to institution budget | | | | |
| Registration Fees | | | | |
| Gift/Grant (need Letter of Agreement) | | | | |
| Endowment Fund | | | | |
| Other (need letter of commitment) | | | | |
| TOTAL INCOME | | | | |