

## CONTINUING MEDICAL EDUCATION

### BUDGET PLANNING WORKSHEET CATEGORY 1 ACTIVITY

ACTIVITY TITLE:

ACTIVITY DATE(S):

<b>INCOME</b>	
Institutional or Other Budget Funds [specify]	
Unrestricted Educational Grants [list contributors/amounts and enclose signed letters of agreement]	
Tuition/Registration	
Other [specify]	
<b>TOTAL</b>	
<b>EXPENSES</b>	
Speaker(s) – Honorarium	
• Travel	
• Lodging & Food	
Printing [specify]	
Graphics/Design	
Postage	
Mailing Service	
Supplies [labels, etc.]	
Food/Catering	
Other [specify]	
<b>TOTAL</b>	
<b>PROFIT/LOSS</b>	