

**WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE  
CONTINUING MEDICAL EDUCATION**

**EDUCATION ACTIVITY BUDGET**

**Activity Number:** \_\_\_\_\_ **Activity Director:** \_\_\_\_\_

**Activity Title:** \_\_\_\_\_

**Account Number Receiving Funds:** \_\_\_\_\_

**Institution (WSU, FMRE, DMC Hospital)** \_\_\_\_\_

**REVENUE**

Registration Fees (Number paid \_\_\_\_\_, Number unpaid \_\_\_\_\_)      \$ \_\_\_\_\_

Grants: Source \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

(Attach separate sheet if you need more space)

**TOTAL GRANTS** \$ \_\_\_\_\_

Exhibits: Source \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

(Attach separate sheet if you need more space)

**TOTAL EXHIBITS** \$ \_\_\_\_\_

Other: Source \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

(Attach separate sheet if you need more space)

**TOTAL OTHER SOURCES** \$ \_\_\_\_\_

**TOTAL REVENUE** \$ \_\_\_\_\_

(Continued on back)

**EXPENSES**

Faculty and Staff

Name	Honorarium	Expenses
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

(Attach separate sheet if you need more space)

**TOTAL FACULTY AND STAFF** \$ \_\_\_\_\_

Arrangements (Room Rental, Catering, Lodging, Socials, etc.)

Description	Vendor (when known)	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(Attach separate sheet if you need more space)

**TOTAL ARRANGEMENTS** \$ \_\_\_\_\_

Educational Materials \$ \_\_\_\_\_

Administrative Costs \$ \_\_\_\_\_

Publicity and Marketing \$ \_\_\_\_\_

Other Expenses

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL OTHER EXPENSES** \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**Profit/Loss (Revenue minus Expenses)** \$ \_\_\_\_\_