

RIVERSIDE METHODIST HOSPITAL
CONTINUING MEDICAL EDUCATION OFFICE

SYMPOSIUM BUDGET WORKSHEET

TITLE OF SYMPOSIUM: _____

PHYSICIAN PLANNER: _____ CO-PLANNER: _____

DATE OF SYMPOSIUM: _____ LOCATION: _____ EXPECTED ATTENDANCE: _____

EXPENSES:

	BUDGET	ACTUAL	VARIANCE
Facilities and Equipment	\$ _____	\$ _____	\$ _____
Room Rental	\$ _____	\$ _____	\$ _____
Audiovisual Equipment	\$ _____	\$ _____	\$ _____
Food and Refreshments	\$ _____	\$ _____	\$ _____
Printing	\$ _____	\$ _____	\$ _____
Postage and Mailing	\$ _____	\$ _____	\$ _____
Labels	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____
Administrative Expenses & Supplies	\$ _____	\$ _____	\$ _____
CME (\$100/credit hour)	\$ _____	\$ _____	\$ _____
Administrative Services	\$ _____	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____	\$ _____

Honoraria & Expenses

Name	BUDGET	ACTUAL	VARIANCE
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Travel Expenses	\$ _____	\$ _____	\$ _____

TOTALS

	\$ _____	\$ _____	\$ _____
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REVENUE:

____ Registrants at \$ ____ Each	\$ _____	\$ _____	\$ _____
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Commercial Supporters/Vendors

1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____
9. _____	\$ _____	\$ _____	\$ _____
10. _____	\$ _____	\$ _____	\$ _____

TOTALS

	\$ _____	\$ _____	\$ _____
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TOTAL INCOME OVER COSTS (LOSS)

	\$ _____	\$ _____	\$ _____
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