

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	\$ _____	\$ _____	\$ _____
Speaker _____ Name	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Speaker _____	\$ _____	\$ _____	\$ _____
Travel Expenses	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____
<b>REVENUE:</b>			
____ Registrants at \$____ Each	\$ _____	\$ _____	\$ _____
Commercial Supporters/Vendors			
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____
9. _____	\$ _____	\$ _____	\$ _____
10. _____	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL INCOME OVER COSTS (LOSS)</b>	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____