

## Community Health Network CE/CME Activity Budget and Income/Expense Form

Title of Activity: \_\_\_\_\_ Date/s: \_\_\_\_\_ Training Coordinator: \_\_\_\_\_

Income Category	Budget	Actual	Expense Category	Budget	Actual
<b>Registration Fees</b>			<b>Marketing</b>		
Participants @ \$			Save-the-date cards		
Participants @ \$			Brochure		
Participants @ \$			Advertisements		
Participants @ \$			Mailing Labels		
<b>Subtotal—Registration Fees</b>			Postage		
<b>Commercial Support/grants (List Sources)</b>			Other (Specify)		
			<b>Subtotal—Marketing</b>		
			<b>Meeting Space and Logistics</b>		
			Audiovisuals		
			Audience response system		
			Hotel: meeting room rental		
			Hotel: lodging (faculty/staff only)		
<b>Exhibitors (Vendors) (List Sources)</b>			Meals		
			Syllabus: design and printing		
			Supplies		
			Other (Specify)		
<b>Subtotal—Commercial Support</b>			<b>Subtotal—Meeting Space/Logistics</b>		
<b>In-kind Contributions</b>			<b>Honoraria and Travel Expenses (list faculty)</b>		
<b>Subtotal—In-kind Contributions</b>					
<b>Other (Specify—eg, government)</b>					
			<b>Subtotal—Honoraria/Travel Expenses</b>		
			<b>Other Expenses</b>		
			Administrative fee		
			Operational expenses		
<b>Subtotal—Other</b>			Other certification fee		
			<b>Subtotal—Other Expense</b>		
<b>Total Income</b>			<b>Total Expenses</b>		
<b>NET GAIN OR (LOSS)</b>					

Notes: