WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE
CONTINUING MEDICAL EDUCATION

EDUCATION ACTIVITY PRELIMINARY BUDGET

Activity Number:_______________________  Activity Director:___________________________
Activity Title:_____________________________________________________________________
Account Number Receiving Funds:_________
Institution (WSU Department, DMC Hospital, Joint Provider)____________________________

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 $______________
## EXPENSES

### Faculty and Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Honorarium</th>
<th>Expenses</th>
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**TOTAL FACULTY AND STAFF**

$________

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

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<th>Description</th>
<th>Vendor (when known)</th>
<th>Amount</th>
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**TOTAL ARRANGEMENTS**

$________

### Educational Materials

$________

### Administrative Costs

$________

### CME Accreditation Fees

$________

### Brochures / Marketing

$________

### Other Expenses

$________

$________

$________

$________

**TOTAL OTHER EXPENSES**

$________

**TOTAL EXPENSES**

$________

### Profit/Loss (Revenue minus Expenses)

$________