

**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 _____ | \$ _____ | \$ _____ | \$ _____ |
| TOTALS | \$ _____ | \$ _____ | \$ _____ |
| | | | |
| REVENUE: | | | |
| ____ Registrants at \$ ____ Each | \$ _____ | \$ _____ | \$ _____ |
| | | | |
| Commercial Supporters/Vendors | | | |
| 1. _____ | \$ _____ | \$ _____ | \$ _____ |
| 2. _____ | \$ _____ | \$ _____ | \$ _____ |
| 3. _____ | \$ _____ | \$ _____ | \$ _____ |
| 4. _____ | \$ _____ | \$ _____ | \$ _____ |
| 5. _____ | \$ _____ | \$ _____ | \$ _____ |
| 6. _____ | \$ _____ | \$ _____ | \$ _____ |
| 7. _____ | \$ _____ | \$ _____ | \$ _____ |
| 8. _____ | \$ _____ | \$ _____ | \$ _____ |
| 9. _____ | \$ _____ | \$ _____ | \$ _____ |
| 10. _____ | \$ _____ | \$ _____ | \$ _____ |
| TOTALS | \$ _____ | \$ _____ | \$ _____ |
| | | | |
| TOTAL INCOME OVER COSTS (LOSS) | \$ _____ | \$ _____ | \$ _____ |
| | \$ _____ | \$ _____ | \$ _____ |