#

**Year End Budget Report**

 **20\_\_-20\_\_ Academic Year**

Please provide as much detail as possible; attach sheets to provide detail, if necessary; indicate "NA" if any item does NOT apply.

**II. Sources of Support Dollar Amounts (Actual)**

 a. Your organization, hospital, department $ \_\_\_\_\_\_\_\_\_\_\_\_

 b. List each grant from commercial sources

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_

 c. Registration fee @ $\_\_\_\_\_0\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_ number of attendees = $ \_\_\_\_\_\_\_\_\_\_\_\_

 d. Other support, if any $ \_\_\_\_\_\_\_\_\_\_\_\_

 **Total Income $ \_\_\_\_\_\_\_\_\_\_\_\_**

**II. Actual Expenses**

 a. Printing and mailing $ \_\_\_\_\_\_\_\_\_\_\_\_

 b. Food, A-V, Facilities, Management Services $ \_\_\_\_\_\_\_\_\_\_\_\_

 c. Honorarium and expenses for each presenter:

 ***Names of Presenters***

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_

 d. CME processing fee $ \_\_\_\_\_\_\_\_\_\_\_

 e. Other expenses $ \_\_\_\_\_\_\_\_\_\_\_\_

 **Total Actual Expenses $ \_\_\_\_\_\_\_\_\_\_\_\_**

**Where were the monies deposited? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did expenses exceed income? How were they covered?**

**If income exceeded expenses, what will be done with the extra funds?**