**FINAL Budget Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_\_\_\_**

*Conference Title Date*

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

**II. INCOME/SUPPORT** **Dollar Amounts (Actual)**

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

 b. How many Unrestricted Educational Grants? \_\_\_\_\_\_\_\_

 *List each grant from commercial sources below:*

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

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

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

 c. Registration Fee Income Total $ \_\_\_\_\_\_\_\_\_\_\_\_

 d. Exhibitor Support Total $ \_\_\_\_\_\_\_\_\_\_\_\_

 **TOTAL INCOME $ \_\_\_\_\_\_\_\_\_\_\_\_**

**II. ATTENDANCE -required**

1. **Total Number of Physicians: \_\_\_\_\_\_\_\_\_\_\_\_**
2. **Total Number of Non-Physicians: \_\_\_\_\_\_\_\_\_\_\_\_**

**III. 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?**