

EXAMPLE
Budget Form for Jointly Provided Activities
 (No specific format required)

REVENUE

Registration Fees/Physician	\$ _____	(_____ @ \$ _____)
Registration Fees/Other	\$ _____	(_____ @ \$ _____)
Internal Funds of UM Medical School Unit	\$ _____	
Internal Funds of Joint Sponsor	\$ _____	
In-Kind Commercial Support*	\$ _____	
Other	\$ _____	

TOTAL REVENUE \$ _____

PROMOTIONAL EXPENSES

Graphic Design	\$ _____
Printing	\$ _____
Postage	\$ _____
Miscellaneous	\$ _____

Total Promotion Expenses \$ _____

PRODUCTION COSTS

Faculty Honoraria	\$ _____
Faculty Travel	\$ _____
Personnel Expense for meeting management (if not directly paid)	\$ _____
Printing (program books, handouts, etc.)	\$ _____
Audio Visual	\$ _____
Food/Catering	\$ _____
Meeting Supplies	\$ _____
CME Credit Designation & Recording Fees	\$ _____
Miscellaneous	\$ _____

Total Production Expenses \$ _____

TOTAL ALL EXPENSES \$ _____

*Note: [UM Medical School policy](#) prohibits receiving commercial funding (gifts, grants, exhibit fees) to support UMMS CME activities, but in-kind commercial support (e.g., supplies, equipment) is allowed. All in-kind commercial support must be documented with a written agreement and a copy of that agreement must be attached to either the *Application for Designation of AMA PRA Category 1 Credit* or the *Report on a CME Activity* associated with the activity.