

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 \$ _____
Other _____ \$ _____

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.