

## Projected Budget Income and Expense Form

<b>Activity Title:</b>
<b>Date of Activity:</b>

### Budget

**INSTRUCTIONS:** In addition to providing an attached budget of anticipated income and expenditures, please indicate the sources of expected financial support.

### Sources of Expected Financial Support

Check all that apply and complete that specific section.

	Sources, if known	Estimated Amount	Name of company, foundation, or organization, contact and phone number.
<input type="checkbox"/>	Registration Fees		
<input type="checkbox"/>	Physicians		
<input type="checkbox"/>	Residents/Fellows		
<input type="checkbox"/>	Other Health Professionals		
<input type="checkbox"/>	RU Faculty, Residents, Students, Staff		
<input type="checkbox"/>	Other		
<input type="checkbox"/>	School/Departmental Donation		
<input type="checkbox"/>	Commercial Support (Grant)		<i>List as many as applicable, use additional sheet if necessary.</i>
<input type="checkbox"/>	Foundation Fund/Grant		
<input type="checkbox"/>	Federal/State Agency Award		
<input type="checkbox"/>	Exhibit Fees		
<input type="checkbox"/>	Other: _____		

<input type="checkbox"/>	Speaker Fee	Notes:
<input type="checkbox"/>	Speakers Travel Cost	Notes:
<input type="checkbox"/>	Food	<input type="checkbox"/> Food Cost: \$
<input type="checkbox"/>	Activity Materials/Supplies	Cost: \$
<input type="checkbox"/>	Audiovisuals	Cost: \$