

**NASSAU UNIVERSITY MEDICAL CENTER
OFFICE OF CONTINUING MEDICAL EDUCATION**

BUDGET PROPOSAL - FINAL (Appendix IIb)

PROGRAM _____ **DATE** _____

LOCATION _____ **CONTACT** _____ **PHONE** _____
(if not a NUMC Program Provider)

<i>SECTION A. ANTICIPATED REVENUE</i>	
In this section, list each revenue source, indicate the amount expected under appropriate headings.	
GRANTORS (commercial, non-profit & private)	
NAME	
AMOUNT	
	\$
	\$
	\$
	\$
<i>REGISTRATION FEES</i>	\$
OTHER BUDGETED FUNDS FROM NUMC Department:	\$
OTHER RESOURCES	\$
	\$
	\$
	\$

<i>SECTION B. ANTICIPATED EXPENSES</i>	
List each speaker separately.	
HONORARIA	
<i>SPEAKERS</i>	
<i>AMOUNT</i>	
	\$
	\$
	\$
	\$
<i>TRAVEL & HOTEL</i>	\$
PRINTING COSTS	\$
CME HANDLING FEE	\$
FOOD SERVICE	\$
OTHER EXPENSES	\$
	\$