Activity Title:

Activity Date(s):

Organization Name:

**Grant Income** *(Commercial Support)*

Designate if a Grant is conditional and what that condition is *(can only be used for equipment rental, etc.)*

* List *all* organizations that provided grants for this activity and the amount of grant

* Copies of *all* signed grant agreements ***must*** be attached

Grant Agreements ***must*** have 2 signatures – one from the grantor and one from Florida Hospital

* Copies of *all* checks received ***must*** be attached and listed below

**Name of Supporting Organization(s): Amount of Grant:**

1. $
2. $
3. $
4. $
5. $
6. $
7. $
8. $
9. $
10. $
11. $
12. $
13. $
14. $
15. $

**Grant Total Income $**

If necessary, continue the list of supporting organizations on an additional page

**Exhibit/Display Income**

*(Advertising and Exhibit Income)*

* List *all* organizations that provided Exhibit/Display support for this activity and the amount

* Copies of *all* signed Tabletop Display Contracts ***must*** be attached
* Copies of *all* checks received ***must*** be attached and listed below

**Exhibit/Display Organization(s): Amount:**

1. $
2. $
3. $
4. $
5. $
6. $
7. $
8. $
9. $
10. $
11. $
12. $
13. $
14. $
15. $

**Tabletop Display Total Income $**

If necessary, continue the list of supporting organizations on an additional page

**Registration Income**

*(Income Received from Other Sources)*

Is there a registration fee for participants? If yes, please list the per-participant registration fee for each below:

Fee for # of

Each Attendees

Physician $       x       = $

Physician Assistant $       x       = $

Nurse Practitioner $       x       = $

Nurse $       x       = $

Resident $       x       = $

Other:

List all attendees that have a charge $       x       = $

List all attendees that have a charge $       x       = $

List all attendees that have a charge $       x       = $

* A copy of *all* Registrations and amounts paid ***must*** be attached
* Total Amount received for Registrations ***must*** be attached

**Registration Total Income $**

**Registration Income**

*(Income Received from Other Sources)*

**In-Kind Support Received**

*(When a commercial interest loans equipment, space, disposable supplies (gloves, etc.) animal parts/tissue, cadavers, etc.)*

* Copies of *all* signed Contracts and a list of items ***must*** be attached and labeled **In-Kind**
* Total Amount received for In-Kind donations ***must*** be attached

**In-Kind Total Income $**

**Is the In-Kind Support:**

Durable Equipment

Facilities/Space

Disposable supplies (Non-biological)

Animal parts or tissue

Human parts or tissue

Other (please specify):

**Expenses**

**Speaker Expenses:** Enter Speaker Name

Honoraria Total: $

Travel Total: $

Food and Lodging Total: $

**Speaker Total Expenses $**

**Speaker Expenses:** Enter Speaker Name

Honoraria Total: $

Travel Total: $

Food and Lodging Total: $

**Speaker Total Expenses $**

**Speaker Expenses:** Enter Speaker Name

Honoraria Total: $

Travel Total: $

Food and Lodging Total: $

**Speaker Total Expenses $**

**Speaker Expenses:** Enter Speaker Name

Honoraria Total: $

Travel Total: $

Food and Lodging Total: $

**Speaker Total Expenses $**

If necessary, continue the list of Speaker Expenses on an additional page

**All Other Expenses**

**List all Expenses (Printing, mailing, express services, etc.) Amount:**

1. $
2. $
3. $
4. $
5. $
6. $
7. $
8. $
9. $
10. $
11. $
12. $
13. $
14. $
15. $

**Miscellaneous Total Expenses $**

If necessary, continue the list of Miscellaneous Expenses on an additional page

*Copies of invoices and checks disbursed* ***must*** *be attached in the order listed*

Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_