**Regularly Scheduled Series/Grand Rounds**

**FINANCIAL SUMMARY FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Series:** |  | **Certification Period:** | July 1, 2015 – June 30, 2016 |
| **Coordinator:** |  | **Due**: |  | July-Dec |  | Jan-June |

**CEL Policy for Commercial Support:** Support includes any monetary contributions, loan or assistance with equipment or any other type of participation. A *Commercial Support Agreement must be completed for each supporter included on this form.* **ALL** contributions must be paid to the CME approved institution/department. No payments can be made from supporting companies directly to speakers or to cover other activity costs.

**Commercial Support:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Session Date** | **Company Name** (list each separately) | **Amount** | **Notes** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL** |  |  |

**I attest that the commercial support fund(s) received was upheld according to the Center for Experiential Learning Policy.**

|  |  |  |
| --- | --- | --- |
|  |  | (*if applicable*) |
| Signature | Date |

**EXPENSES:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session Date** | **Speaker Name** | **Honorarium** | **Expenses**(Travel, lodging) | **Other Expenses**(CME Certification fee, Food, announcements,) | **Notes** |
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|  | **TOTALS** |  |  |  |  |