

Cost Analysis of a CPD Activity FY21

Activity/RSS Title: _____

Date/Time: _____

Location: _____

Total Direct Revenues: _____

List all sources & amounts of income (grants, display fees, registration fees, etc):

Total Direct Costs: _____

Breakdown of direct costs, if applicable:

Faculty honorarium: _____ (specify to whom and in what amount)

Faculty travel/meals: _____

Audiovisuals: _____

Meals/Catering: _____

Staff Travel: _____

Other: _____

PLEASE UPLOAD A COPY OF THIS FORM INTO 'MANAGE DOCUMENTS' FOR THIS SESSION IN HIGHMARKS.