



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

DIVISION OF CONTINUING MEDICAL EDUCATION

REGULARLY SCHEDULED SERIES
FINANCIAL STATEMENT

Source of Funding: _____

Title of Activity: _____

Presentation Title: _____

Date of Activity: _____ Location: _____

Speaker: _____

EXPENSES INCURRED

Catering Expense: _____ \$

Honorarium: _____ \$

Lodging: _____ \$

Speaker Incidentals (meals, taxi, gratuities, etc.) _____ \$

Travel: _____ \$

Course Director's Signature

Please return completed form to:
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Miami, FL 33136

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Fax to: 305-243-5613