

**Estimated Budget Details** Vendor: ☐ Traditional Healing/Wellness ☐ Aides/Instruments ☐ Testing Fees or Prep ☐ Other Quantity Unit Price Description (URL - if available) Cost Other Total \$ CONFERENCE/WORKSHOP FEES Title of Event: Event Location (City, State): Date(s) of Event: Membership Dues Category: \_\_\_\_\_\_\$\_\_\_\_ **Event Fees** Registration Type: \_\_\_\_\_\_ \$\_\_\_\_\_ Other Description: \$\_\_\_\_\_\$ \$ Airfare Air Travel Airline: Destination (City, State): Seat Type Departure Date: Time: Window Aisle \_\_\_\_\_ Time: \_\_\_\_\_ No Pref. Return Date: Frequent Flyer #: ☐ Airport Transfers ☐ Shuttle ☐ Taxi ☐ Uber Shuttle Name: Pick-up Time (to Airport): Pick up time (from Airport): Auto Personal Car Est. Rt Mileage \_\_\_\_\_ X \$.575 per mile \$ \_\_\_ Lodging Hotel Name: Address: City/State: Nightly Rate: # of nights: Tax Rate (0.XX): MI&E Rate \$ \_\_\_\_\_ In-state = \$55.00; All others: Click here Meals Breakfast @ 20% \_\_\_\_\_ X # of Breakfasts \_\_\_\_ = \$\_\_\_\_ @ 25% \_\_\_\_\_ X # of Lunches \_\_\_\_ = \$\_\_\_\_ Lunch = \$\_\_\_\_ @ 55% \_\_\_\_\_ X # of dinners Dinner \$

GRAND TOTAL