TRAINING NAME	0	*Sleeping Room Rate for Trng*	
REGION / STATEWIDE		*Current Mileage Rate*	***$ 0.505***
DATE		**PROJECTED ATTENDANCE**	
FACILITY		**DIRECT COST PER ATTENDEE (no sleeping rooms or admin fee)**	**#DIV/0!**
FUNDER			

Printing/Copying Manuals	**Printing/ Purchase of Manual**	**Internal Copies Per Person**	**Other Per Person Printing Expense**		**Per Person Cost**			**$ -**
					$ -			$ -

Postage	**Postage Per Person**				**Per Person Cost**			**$ -**
					$ -			**$ -**

Beverage Breaks	**Number of breaks needing the item**	**Number of Units (gal,cans,trays,etc) Needed per break**	**Per Unit Price (gal, tray, can etc)**	**subtotal**	**Per Person Cost**	**Other factors =/-**		**$ -**
AM Coffee				$ -	#DIV/0!			$ -
AM Soda				$ -	#DIV/0!			$ -
AM Iced Tea				$ -	#DIV/0!			$ -
AM Snacks				$ -	#DIV/0!			$ -
PM Coffee				$ -	#DIV/0!			$ -
PM Soda				$ -	#DIV/0!			$ -
PM Iced Tea				$ -	#DIV/0!			$ -
PM Snacks				$ -	#DIV/0!			$ -
Other Break Expenses				$ -	#DIV/0!			$ -

Meals	**notes about meals**	**# of Diners This Meal**	**Cost per meal**	**Per Person Cost**		**$ -**
meal 1		-		$ -		$ -
meal 2		-		$ -		$ -
meal 3		-		$ -		$ -
meal 4		-		$ -		$ -
meal 5		-		$ -		$ -
meal 6		-		$ -		$ -

Audio/Visual Equipment	**Notes**	**Price Per AV Unit**	**Number of Units Needed**	**Total Per Item Type**	**Per Person Cost**			**$ -**
VCR				$ -	#DIV/0!			$ -
Screen				$ -	#DIV/0!			$ -
Monitor				$ -	#DIV/0!			$ -
Lav. Microphone				$ -	#DIV/0!			$ -
O.H.				$ -	#DIV/0!			$ -
Mic.				$ -	#DIV/0!			$ -
Flipchart				$ -	#DIV/0!			$ -
LCD projector				$ -	#DIV/0!			$ -
Other				$ -	#DIV/0!			$ -
Other				$ -	#DIV/0!			$ -

Room Rent				**Total Room Rent**	**Per Person Cost**			**$ -**
					#DIV/0!			$ -

Facility Gratuity	**Mandatory %**	**Break Subtotal**	**Meal Subtotal**	**AV Subtotal**	**Room Rent Subtotal**	**(+/- adjust for required gratuity)**	**per person cost**	**$ -**
		$ -	$ -	$ -	$ -		#DIV/0!	$ -

Speaker Expenses	**Speaker Fee**	**Per Diem**	**Airfare + Taxi**	**Miles (for mileage reimbursement)**	**Mileage subtotal**	**Sleeping Room Nights Needed**	**Per Person Cost**	**$ -**
Speaker 1					$ -		#DIV/0!	$ -
Speaker 2					$ -		#DIV/0!	$ -
Speaker 3					$ -		#DIV/0!	$ -
Speaker 4					$ -		#DIV/0!	$ -
Speaker 5					$ -		#DIV/0!	$ -
Speaker 6					$ -		#DIV/0!	$ -
Speaker 7					$ -		#DIV/0!	$ -
Speaker 8					$ -		#DIV/0!	$ -
Speaker 9					$ -		#DIV/0!	$ -
Speaker 10					$ -		#DIV/0!	$ -
subtotal	*$ -*	*$ -*	*$ -*	*-*	*$ -*	*-*	*#DIV/0!*	*$ -*

TRAINING EXPENSES TOTAL (no program sleeping rooms)								**$ -**

Program Sleeping Rooms (not included in direct training cost)	**Number of Rooms Per Program**	**# Programs Needing Sleeping Rooms**					**Total**	**$ -**
							$ -	$ -

GRAND TOTAL WITH PROGRAM SLEEPING ROOMS	**$ -**