For the Period

Commodity:

Status:

Research Title:

Research Coordinator/Leader:
Name:

Designation:

Address:

Implementing Agency/Research Station:

Cooperating Agency:

Summary of Accomplishments:

Cumulative % Completion;

Duration:

Date Started:

Total Approved Budget:

Actual Released Budget:

Actual Expenditures:

Problems Encountered:

Actions Taken:

Prepared By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommending Approval: Noted: Approved:

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Research Center Chair Research Director VPRE