**Annual Technology Utilization Report**

**As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Kindly fill out with information required for each row. Data and information to be provided will be treated with utmost confidentiality*

*and will only be used for the purpose of monitoring and reporting Extension Services to regulatory bodies.*

|  |  |
| --- | --- |
| **Name of Technology Adopted** |  |
| **Name of Company/Adopter** **Address** |  |
| **Date of Technology Transfer**  |  |
| **Type of Transfer**  |  **Exclusive  Non- Exclusive**  **Free**  |
| **Period Covered of the Licensing Agreement**  |  |
| **Average Monthly Sales (PhP)** |  |
| **Average Monthly Income (PhP)** |  |
| **Number of Employees** |  |
| **Return of Investment***(net income/total expenses) \*100* |  |
| **Issues and Challenges on the Adoption of Technology:** |  |  | Manpower |  | Environment |
|  |  | Financial |  | Materials |
|  |  | Process |
|  |  | Others, pls specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Technology/knowledge adopted is still utilized/implemented YES  NO If No, Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

