**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

