

TRANSLATIONAL RESEARCH PROGRESS REPORT

MILESTONE ACHIEVEMENT REPORT NO.:

(AS IN APPROVED RESEARCH PROPOSAL)

Project Title :

Project Durations (months) :

Period of Technical Reporting :
(In achieving the milestones reported)

PROJECT INFORMATION

Name of Project Leader

:

Project Collaborator *(if any)*

:

PROJECT BACKGROUND

Scope Of Project *(as per proposal)*

:

Project Description *(as per proposal)*
(Abstract)

:

Project Objectives *(as per proposal)*

:

TECHNICAL REPORT

Milestone Progress *(as per agreement)*

:

No	Milestone	Completion Date		Achieved (✓)
		Plan	Actual	
1				
2				
3				
4				
5				

Summary of major activities under **current milestone:**

No	Milestone	Completion Date		Achieved (✓)	Evidence to support the achievement of milestone
		Plan	Actual		
					Refers to documents and photos as per attachment

PROJECT PROGRESS TO DATE

(Discuss progress towards achieving the project MILESTONES as in proposal; note any matters which affected the meeting of any objective)

PROJECT MILESTONE NON-ACHIEVEMENT

(If the Milestone is not achieved, please state the reasons for non-achievement and suggest remedial measures to be taken. Highlight the problems encountered, and the plans to overcome them should be included in the Milestone Achievement Report)

PROJECT PROCUREMENT

**Equipment/Facilities
Procured and Installed**

:

ADDITIONAL OUTCOMES FROM MILESTONE

SUPPORTING INFORMATION

PLEASE PROVIDE SUPPORTING DOCUMENT ON ANY CHANGES THAT HAS OCCURED AS BELOW:

- a. Design specification
- b. Process flow
- c. Site location

DISCUSSION

OVERALL PROJECT IMPLEMENTATION PERFORMANCE

(To include additional support information such as infrastructure layout, process flow diagrams, photographs, and others.)

SPECIFIC ISSUES REQUIRING MANAGEMENT ATTENTION

GENERAL/SPECIFIC SUGGESTION FOR IMPROVEMENTS

FINANCIAL REPORT

Summary of Financial Report:

No	ITEM	Approved (RM)	Received to Date (RM)	Expenditure to Date (RM)	Claimed (RM)	Remarks	Section / Page
1							A
2							B
3							C
4							D
5							E
6							F
7							G
8							H
9							I
TOTAL							

Section A: Pilot Plant & Equipment (Note: Please attach the supporting document (PO, invoice, receipt, cheque copy and bank statement).

No.	Item Description	Supplier	P.O. No.	Invoice No.	Receipt / Date	Cheque No.	Amount (RM)	Remarks
1								
2								
3								
4								
TOTAL								

Section B: Clinical / Field Trial (Note: Please attach the supporting document (PO, invoice, receipt, cheque copy and bank statement).

No.	Item Description	Supplier	P.O. No.	Invoice No.	Receipt / Date	Cheque No.	Amount (RM)	Remarks
1								
2								
3								
4								
5								

6								
7								
8								
TOTAL								

Section C: Commercial Ready Prototype *(Note: Please attach the supporting document (PO, invoice, receipt, cheque copy and bank statement)).*

No.	Item Description	Supplier	P.O. No.	Invoice No.	Receipt / Date	Cheque No.	Amount (RM)	Remarks
1								
2								
TOTAL								

Section D: IP Preparation & Registration *(Note: Please attach the supporting document (PO, invoice, receipt, cheque copy and bank statement)).*

No.	Item Description	Supplier	P.O. No.	Invoice No.	Receipt / Date	Cheque No.	Amount (RM)	Remarks
1								
TOTAL								

Section E: Market Testing of Commercial Ready Prototype (Note: Please attach the supporting document (PO, invoice, receipt, cheque copy and bank statement)).

No.	Item Description	Supplier	P.O. No.	Invoice No.	Receipt / Date	Cheque No.	Amount (RM)	Remarks
1								
TOTAL								

Section F: Regulatory and Standards Compliance (Note: Please attach the supporting document (PO, invoice, receipt, cheque copy and bank statement)).

No.	Item Description	Supplier	P.O. No.	Invoice No.	Receipt / Date	Cheque No.	Amount (RM)	Remarks
1								
2								
3								
TOTAL								

Section G: Contract Expenditure (Note: Please attach the supporting document (PO, invoice, receipt, cheque copy and bank statement)).

No.	Item Description	Supplier	P.O. No.	Invoice No.	Receipt / Date	Cheque No.	Amount (RM)	Remarks
1								

2								
3								
4								
TOTAL								

Section H – Expenditure of Services *(Note: Please attach the supporting document (PO, invoice, receipt, cheque copy and bank statement).*

No.	Item Description	Supplier	P.O. No.	Invoice No.	Receipt / Date	Cheque No.	Amount (RM)	Remarks
1	Sampling				12/2/2017		2000	
2								
3								
4								
5								
6								
7								
8								
TOTAL								

Section I: Direct & Indirect Material *(Note: Please attach the supporting document (PO, invoice, receipt, cheque copy and bank statement).*

No.	Item Description	Supplier	P.O. No.	Invoice No.	Receipt / Date	Cheque No.	Amount (RM)	Remarks
1								
2								
3								
4								
TOTAL								

DISCUSSION

OVERALL PROJECT FINANCIAL PERFORMANCE

SPECIFIC ISSUES REQUIRING MANAGEMENT ATTENTION

SUMMARY OF FINANCIAL DEVIATION (IF APPLICABLE)

GENERAL/SPECIFIC SUGGESTION FOR IMPROVEMENTS

REPORTING

Report Submitted :
by
Signature :
Name :
Designation :
E-mail :
Handphone :
Date :

Collaborator :
(if any)
Signature :
Name :
Designation :
E-mail :
Handphone :
Date :