



Republic of the Philippines
 Bicol University
 EXTENSION MANAGEMENT DIVISION
 Legazpi City

MONTHLY ACCOMPLISHMENT REPORT
 For the Month of _____, 20__

Unit/College: _____

BU Staff/Faculty Member Involved	Nature of Participation (Proponent, Resource Speaker, Training Coordinator, Facilitator, etc.)	Title of Program/Project/ Activity undertaken (Pls. specify under what program)	Brief Description (Objective and brief statement of the covered activities/ topics)	Date (Actual date when said activity was done; attach Attendance Sheet pls.)	Venue/Locale (Place where activity was done)	No./Type of Participants (State number of Farmers, Fisherfolks, Rural Women, Teachers, etc.)	Summarized Training Evaluation (Please attach frequency count)		Funding Source (Pls. indicate funding counterpart, if appropriate)	Cooperating Units/ Agencies (Those involved in the project)
							Training Evaluation (Mean Rating)	Client Satisfaction Feedback (Mean Rating)		

Prepared by: _____

Certified Correct: _____