MQSA MEU and Spending Update Report
Version 03/2022

Instructions:

1. Save this form with filename format: "MEU Report_[*Abbreviated State & Department Name]_[current budget year]*.xlsx" For example, an MEU report submitted from the Food & Drug Administration office in Maryland would use "MEU Report_MD_FDA_2022".
Note: This form must be submitted via email as an MS Excel file, DO NOT submit the file as a pdf.
2. Complete the administrative information below. If you don't see your agency name in the drop-down contact your Project Manager and ORAOPDataHub@fda.hhs.gov for assistance.
3. MEU Report Tab: Enter information for each inspector and training event in the table: Name of Inspector, Inspector ID, Conference/Course Title, Start Date of the event, Accreditation Organization, MEU's earned, and Funds Spent to attend event (all fields are required, though a response may be entered as "N/A" when appropriate).
4. E-mail the completed Excel form to your Project Manager and ORAOPDataHub@fda.hhs.gov.

Contract Number (auto-filled)	Select Agency
Agency Name (select from drop-down)	Select
State or US Territory (auto-filled)	Select Agency
Contract Type	MQSA
Date Report Completed (MM/DD/YYYY)	
Report Contact Name	
Report Contact Email	

MEU Report Instructions:

Enter information for each inspector and training event in the table including: Name of Inspector, Inspector ID, Conference/Course Title, Start Date of the event, Accreditation Organization, MEU's earned, and Funds Spent to attend event (all fields are required, though a response may be entered as "N/A" when appropriate).

If more than 200 entries are needed, save a copy of this form and add the next sequential number after the require filename, e.g. the second MEU report submitted from the Food & Drug Administration office in Maryland would use "MEU Report_MD_FDA_2022_2" for their second form.

If more than one event will be reported for the same inspector repeat the inspector name until all events are recorded for that individual. More than one inspector may be reported on the same form.

It is OK if the text entered exceeds the visible field space.

If you have questions or need assistance with this form contact your Project Manager and ORAOPDataHub@fda.hhs.gov for assistance.

Inspector First Name	Inspector Last Name	ID	Conference/Course Title	Start Date (MM/DD/YYYY)	Accred. Org	MEU's Earned	Funds Spent