<ul> <li>Instructions:         <ol> <li>Save this form with filename format: "MEU Report_[Abbreviated State &amp; Department Name]_[current budget year].xlsx" For example, an MEU report submitted from the Food &amp; Drug Administration office in Maryland would use "MEU Report_MD_FDA_2022".</li> <li>Note: This form must be submitted via email as an MS Excel file, DO NOT submit the file as a pdf.</li> <li>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.</li> <li>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)</li> </ol> </li> </ul>	MQSA MEU and Spending Update Report					
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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.	<ol> <li>Save this form with filename format: "MEU Report_[A an MEU report submitted from the Food &amp; Drug Administ Note: This form must be submitted via email as an MS I</li> <li>Complete the administrative information below. If you and ORAOPDataHub@fda.hhs.gov for assistance.</li> <li>MEU Report Tab: Enter information for each inspector Conference/Course Title, Start Date of the event, Accred are required, though a response may be entered as "N/A</li> </ol>	stration office in Maryland would Excel file, DO NOT submit the fil I don't see your agency name in r and training event in the table: itation Organization, MEU's earn " when appropriate).	use "MEU Rep e as a pdf. the drop-down Name of Inspe ed, and Funds	oort_MD_Fl contact yo ctor, Inspec	DA_2022". ur Project Ma ctor ID,	anager
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Agency Name (select from drop-down)     Select       State or US Territory (auto-filled)     Select Agency	Agency Name (select from drop-down) State or US Territory (auto-filled) Contract Type	Select 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)     Image: Contract Completed (MM/DD/YYYY)	Agency Name (select from drop-down) State or US Territory (auto-filled) Contract Type Date Report Completed (MM/DD/YYYY)	Select Select Agency				
Agency Name (select from drop-down)     Select       State or US Territory (auto-filled)     Select Agency       Contract Type     MQSA	Agency Name (select from drop-down) State or US Territory (auto-filled) Contract Type Date Report Completed (MM/DD/YYYY)	Select Select Agency				

## **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

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