**PARA RESEARCH ON RESIDENT PHYSICIAN WELLNESS**

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| PROJECT:  |  |
| BUDGET:  |  |
| DATE:  |  |
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| NAME: |  |
| ADDRESS:  |  |
| EMAIL: |  |

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| EXPENSE | DATE | RECEIPT NO.  | AMOUNT |
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|  |  | TOTAL  |  |

|  |  |
| --- | --- |
| SIGNATURE |  |

ADDITIONAL DETAILS OR FEEDBACK: