**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: