

**Vermont Office of Attorney General
109 State Street
Montpelier, VT 05609-1001**

2014 Expenditure Disclosure Form for Manufacturers of Prescribed Products

**Reporting Period for Pharmaceuticals, Biologics and Medical Devices
January 1, 2014 to December 31, 2014; Due Date: April 1, 2015**

You must disclose allowable expenditures and gifts which are not banned.

Name of Manufacturer			
Last Name of Recipient		First Name	MI
Lic. Number/ID Number of Recipient			
Date Expenditure Incurred			
Value/Amount of Expenditure			
Nature of Expenditure	<input type="checkbox"/>	If "Other"	
Purpose of Expenditure	<input type="checkbox"/>	If "Other"	
FMV Payment Description			

Prescribed Product(s) (up to five) to which expenditure or gift relates.

Product Type	<input type="checkbox"/>	Product Name	
Product Type	<input type="checkbox"/>	Product Name	
Product Type	<input type="checkbox"/>	Product Name	
Product Type	<input type="checkbox"/>	Product Name	
Product Type	<input type="checkbox"/>	Product Name	

Next Disclosure

Print for Your Records

Submit by Email

2014 Expenditures Disclosure Field Values

Nature of Expenditure

- Cash, Check or Credit Card
- Educational Materials
- Demo/Evaluation Unit
- Loan of Medical Device
- Other

Purpose of Expenditure

- Conference Sponsorship
- Faculty Honoraria/Speaker Fee
- Faculty Expense
- Scholarship/Fellowship
- Educational Materials
- Medical Device – Loans, Demos
- Medical Device Training - Compensation
- Medical Device Training - Other Expenses
- Bona fide Clinical Trial - Gross Compensation
- Bona fide Clinical Trial - Salary Support
- Bona fide Clinical Trial - Expenses
- Research Project - Gross Compensation
- Research Project - Salary Support
- Research Project - Expenses
- Consulting
- Gift to Institution/Organization
- Other FMV Payment
- Other

Product Type

- Pharmaceutical
- Biologic
- Medical Device
- Combination Product