

FINAL INVENTION STATEMENT AND CERTIFICATION

USU Control No. _____

A. We hereby certify that, to the best of our knowledge and belief, all inventions are listed below which were conceived and/or first actually reduced to practice during the course of work under the above-referenced grant or award for the period.

_____ through _____
original effective date *date of termination*

B. Inventions (Note: If no inventions were made under the grant or award, insert the word "NONE" under "Title of Invention" below.)

NAME OF INVENTOR	TITLE OF INVENTION	DATE REPORTED TO TTS

C. First Signature –The person responsible for the grant or award is required to sign (in ink). Sign in the block opposite the applicable type of grant or award.

GRANT OR AWARD NO.	WHO MUST SIGN (title)	SIGNATURE
	Principal Investigator/ Project Director	

D. Verification – Verification that all Inventions have been reported to Technology Transfer Services (TTS)

I certify by my signature below that all items listed above have been reported correctly and satisfactorily.

Signature	Date
Title	