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| **AFTER TRAVEL REPORT** |
| **CLAIMANT:** |  | **C#:** |  |
| **Email:** |  | **Phone:** |  |
| **Additional Participants:** |  |
|  | ***\* only one person is required to submit the forms for the group*** |
| **PROJECT:** |  |
|  |
|  |
| **TRAVEL DATES** |
| *(dates)* **FROM:**  |  | **TO:** |  |
| **DESTINATION:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MODE:** |[ ]  College Vehicle |[ ]  Rental Vehicle |[ ]  Personal Vehicle |[ ]  Flight |[ ]  Other: |  |
|  |  |

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| --- |
| **RESULT OF TRAVEL** (attach supporting documents, agenda, itinerary) |
|  |

**RAVEL DAT**

|  |
| --- |
| **PLAN FOR KNOWLEDGE DISSENINATION** (report, presentation, meeting, other) |
|  |

|  |  |
| --- | --- |
| **TOTAL COST:** |  |
|  | **\* PLEASE ATTACH ALL RECEIPTS AND INCLUDE THE APPROVED BEFORE FORM AND SUBMIT WITHIN 5 BUSINESS DAYS** |

***Submitted by:***

|  |  |
| --- | --- |
|  |  |

 *Signature of Claimant Date*

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| **TO BE COMPLETED BY COORDINATOR** |

|  |  |  |  |
| --- | --- | --- | --- |
| **RESEARCH PROJECT FUND:** |  | **PROJECT No.: o.:** |  |
| **Partner:** |  | **Related Project:** |  |
| **Cost Centre:** |  | **LAM No.:** |  |

***Verified by: Approved by:***

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 *Signature Date Signature Date*