



UNIVERSITY OF GUAM TRIP REPORT

Employee Name:	Title/Unit Position:
Travel Date Begin:	Travel Date End:
Fund Account No.	Travel Location:
Trip Objective:	
HIGHLIGHTS: (Minimum data contents: How was objective met; What was learned; How can UOG benefit from trip; How trip relates to University responsibility)	
Possible Application of Knowledge Gained:	
Follow Through Action/s, as necessary:	
SIGNATURE AND APPROVAL	
_____ Traveler Signature and Date	_____ Immediate Supervisor Name and Title _____ Signature and Date

USE EXTRA SHEET IF NECESSARY