

Mississippi Valley State University
Office of Sponsored Programs
Trip Report Form

Part A: Must be completed for reimbursement.

Project Name:	Banner Org.#
Name of Participant:	
Conference/Workshop Attended:	
Place of Meeting:	
Date(s) of attendance:	
Purpose of Travel:	
Provide a brief overview of the trip you attended and how it will benefit the University. (Program/Agenda must be attached for reimbursement)	
_____ Signature	_____ Date
Recommend for future attendance <input type="checkbox"/> Yes <input type="checkbox"/> No	
How would you evaluate this conference, workshop or meeting? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Other	
Part B: Must be completed before next trip request.	
This information has been shared with my colleagues on _____ via handouts w/discussion, oral presentation in departmental meeting, etc .	
(Attach documentation)	

Participant _____ Date _____

Supervisor _____ Date _____