

TRIP REPORT

Traveler's Name:

Position Title:

Unit/Department:

Trip Objective:

Highlights: (Minimum data contents: How was objective met; What was learned; How can RCUOG/UOG benefit from trip; How trip relates to RCUOG/UOG responsibility)

Possible Application of Knowledg	e Gained:		
Follow Through Action/s, as Nece	ssary:		
Signature and Approval			
Traveler's Signature	Date		
Immediate Supervisor's Name	Title	Signature	Date
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50		s Circle, House #24	
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