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| /var/folders/4c/bqgrs0k15sgdg822mc6wvtr00000gn/T/com.microsoft.Word/WebArchiveCopyPasteTempFiles/EoE8dYepsk_I-jfTTKzrHrihjdRUScE99nof9rmzR3u58PWQH2oBomLlqluMbHydNFD05LRFrQ=w600  **STANDARD INTERNATIONAL/LOCAL SPONSORED TRAVEL REPORT** | | | | |
| The Office of Global Health Equity requires individuals/groups/organizations to submit a standard summary trip report within 21 days of travel return. Summary report must be submitted electronically to [globalhealthequity@msm.edu](mailto:globalhealthequity@msm.edu)  **A more detailed end-of-project report presentation is expected to the OGHE team no later than (45 days) after return** | | | | |
| 1. Background Information: | | | | |
| Name: Individual/Group/Organization: | | | | |
| Country of Visit: | | | Dates of Trip:  Departure: | Return: |
| Trip Leader/s: | | | List of participants: | |
|  | |
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|  | |
|  | |
| Travel Cost/Budget: | | | Total: | |
|  | | | Funding Source: | |
| 1. Summary of Key Activities: Summarize the key activities that were undertaken and list accomplishments, next steps | | | | |
| **Evaluation of Project Impact & Outcomes:** | | | | |
| **Partnership development** | |  | | |
| **Research activities** | |  | | |
| **Education/Training activities** | |  | | |
| **Clinical service activities** | |  | | |
| **Curriculum related activities** | |  | | |
| **Next Steps** | | | | |
|  | **Partnership Dev:**  **Research Activity:**  **Education/Training activities:**  **Curriculum related activities:** | | | |

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| 1. Host Country Contact Details | | | |
| **Institution** | **Name** | **Phone #** | **Email Add** |
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| 4. Other Information | | | |
| **Please attach any additional information (e.g. photographs, notes, presentation etc.)** | | | |
| Name of Person/s who prepared report: | | | |
| Phone number: | | | |
| Email address: | | | |
| Date of report: | | | |