|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date Submitted |  | MM |  | DD |  | YYYY |

**Domestic/Overseas Travel Report**

***Fill in areas enclosed by bold lines, attach trip evidence, and submit to Research Office within one week after returning.***

**(Expense Report)**

To: President of Ritsumeikan University

🞏 I hereby report that I made a business trip as described below (Changes: Yes/No)

🞏 I hereby report that I canceled the business trip described below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Person Making the Business Trip | Affiliation: |  | Position: |  | Name: |  |  |
| Business Trip Period (Total) | MM/DD/YYYY to MM/DD/YYYY |

**[Spending budget]**\*1 Write in the name of the research representative below if the budget type is collaborative research, such as KAKENHI, or Advanced Research Programs at Ritsumeikan University.

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Type |  | Name of the Research Representative\*1 |  |

**[Each day's business]** If entry space below is insufficient, use **"Domestic/Overseas Travel Report (Expense Report) (No. 2)"**.

|  |  |  |  |
| --- | --- | --- | --- |
| MM/DD | Business destination | Content of business (describe based on relation to spending budget) | Business trip evidence\*2Receipt space (remarks) |
|  | / |  |  |  | 🞏 |
|  | / |  |  |  | 🞏 |
|  | / |  |  |  | 🞏 |
|  | / |  |  |  | 🞏 |
|  | / |  |  |  | 🞏 |
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**[Details of travel (transportation) expenses: actual routes and means of travel between the departure point (return point) and business destinations.**

Fill in areas enclosed by bold lines (do not enter routes unrelated to travel between business destinations, such as lodging, etc., which are not subject to reimbursement).

|  |  |  |  |
| --- | --- | --- | --- |
| MM/DD | Departure to Destination | Means of transportation(Rail/bus/air/taxi/rental car/ship) | Proof of purchase, etc.Receipt space (remarks) |
| / |  | ～ |  |  | □ |
| / |  | ～ |  |  | □ |
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|  |  |  |  |
| --- | --- | --- | --- |
| For Executive Office Use |  | Inspected/Checked by | Received by |
|  |  |  |  |
|  | MM/DD/YYYY | MM/DD/YYYY |