

**TRIP REPORT
SAN ANTONIO COLLEGE**

Participant's Name: _____ SSN: _____

Department: _____ Phone: _____

Name of Event/Activity: _____

Location: _____ Dates: _____

Funding Source(s): _____ Amount(s): _____

Primary Objective/Purpose: _____

Outcome of Participation: _____

Participant's Signature

Date

Attach original report to Payment Request, if applicable; otherwise, route to the Employee Development Office*.

File Copies: Dean, Public Relations Office, *Employee Development Office, Department Chairperson