**Annex III - INDIVIDUAL TRAVEL REPORT for travel costs and costs of stay**

*To be filled in by each participant*

*In case of circular/multiple travels, please fill in separate Individual Travel Reports.*

**Ref. No………………………….………Project No. 586157-EPP-1-2017-1-TH-EPPKA2-CBHE-JP**

The reference number must correspond to the progressive numbering indicated in the financial statements in the final report

1. **PERSONAL DATA**

Surname: ………… ………………………………...Forename:. ……………………………………………………

Nationality: ……… ……………………………………………….………………………………………………….

Home institution: …………………….. …………….………………………………………………………………...

Staff position/student year of study at home institution: … ……………………………………………………

1. **TYPE OF ACTIVITY** *(Tick as appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **STAFF** |  | **STUDENTS** |
|  | Teaching/training assignment |  | Study period |
|  | Training and retraining purposes |  | Participation in intensive courses |
|  | Updating programmes and courses |  | Practical placements, internships in companies, industries or institutions |
|  | Practical placements in companies, industries  and institutions |  | Participation in short term activities linked to the management of the project |
|  | Project management related meetings | | |
|  | Workshops and visits for result dissemination purposes | | |

1. **DETAILS OF THE TRAVEL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **PERIOD\*** | From (Depart date)  *(dd/mm/yy)* | | To (Return date)  (dd/mm/yy) | |  | |  | | **PLACE OF DEPARTURE\*\*** | HOME INSTITUTION ….. ………………..……………………………………………  COUNTRY……………...……………………….CITY…….……………………………... | | | | **PLACE OF DESTINATION/ LOCATION OF ACTIVITY** | HOST INSTITUTION…… …………………… ………………………….……….……  COUNTRY……………..……………………… CITY………………. ……………..… | | | | **TRAVEL DISTANCE\*\*\*** | | Km ……….…………………………………… | |   *\*Please indicate period of travel from departure to return to place of origin*  *\*\* If different from Home institution please enclose authorisation from the Agency*  **\*\*\****Travel distance in Km (One-way travel using distance calculator:*[*http://ec.europa.eu/programmes/erasmus-plus/tools/distance\_en.htm*](http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm)*) from place of departure to location of activities* |

1. **DETAILS OF THE ACTIVITY**

|  |  |
| --- | --- |
| **DATES** *(excluding travel)* | **From (date):…………………………(date): ……………………………..** |
| **DESCRIPTION OF ACTIVITY(IES) PERFORMED** *(brief description of the activities performed)* | |

**SIGNATURE OF THE PARTICIPANT**

**I hereby declare that I have been carrying out the above-mentioned activities.**

Date:… … ……….…………….... Signature: ……… ……………

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