

SelfEMPLOYMENTPROGRAM

Out-Of-Province Post Travel Report

All reports must be received within two (2) weeks of your return

You may either *Hand deliver* to Room A1410–1250 Pinetree Way, Coquitlam;
Fax to (604) 777-6040; or *Submit* the form by filling in all fields and then selecting the
email/submit button. Please save the filled in form to your computer prior to emailing.

Date

Submitted: _____

Client Name: _____

Business Advisor: _____

**Business
Name:**

SIN #: _____

Departure Date: _____

Phone: _____

Return Date: _____

Destination(s): _____

Describe in detail the results/outcomes of the trip:

WEEKLY TRAVEL ITINERARY

IMPORTANT: The activities listed below must total at least 35 hours per week.
Use a separate sheet for each week you were away. Use additional sheets as necessary.

Date	Name of Contact/Event	City/Country	Activity/Outcome	Time/ Hours
TOTAL WEEKLY HOURS (Minimum 35 hours)				

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I certify that the information contained in this report is true and correct.
If emailing, type name below, if faxing or hand delivering, please sign.

Signature : _____

Date: _____