

SelfEMPLOYMENTPROGRAM

Out-Of-Province Post Travel Report

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

Hand deliver: Room A1410 – 1250 Pinetree Way, Coquitlam or Fax: (604) 777-6040

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 40 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 |
|---|-----------------------|--------------|------------------|----------------|
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| TOTAL WEEKLY HOURS (Minimum 40 hours) | | | | |

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| TOTAL WEEKLY HOURS | | | | |
| (Minimum 40 hours) | | | | |

I certify that the information contained in this report is true and correct

Signature : _____

Date: _____