**Hospitality/Travel Details:**

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| --- | --- |
| Purpose of Hospitality/Travel: |  |
| Date of Hospitality/Travel: |  |
| Location of Hospitality/Travel: |  |
| Names of attendees and organisation each attendee represents:Name: | Organisation: |

* Prior approval from a member of University Executive is required for department away days / team building days. Please provide the agenda, list of delegates and full meeting report.