

INDIVIDUAL MOBILITY REPORT for travel costs and costs of stay Annex 2
Ref. No.....Tempus Project No.
 The reference number must correspond to the progressive numbering indicated in the financial statements in the final report

*To be completed by each recipient of a Tempus mobility grant.
 To be returned to the co-ordinator together with readable copies of all travel tickets, boarding passes and other supporting documents.*

PERSONAL DATA

Surname: Forename:
 Sex: Nationality:
 Home institution:
 Staff position/student year of study at home institution:
 Host institution(s):

TYPE OF ACTIVITY FOR WHICH GRANT WAS RECEIVED

Tick as appropriate. If activities were combined, please list them in order of priority

STAFF		STUDENTS	
<input type="checkbox"/>	Teaching/training assignment of staff	<input type="checkbox"/>	Study period
<input type="checkbox"/>	Retraining/update activity for staff	<input type="checkbox"/>	Practical placement
<input type="checkbox"/>	Practical placement	<input type="checkbox"/>	Short intensive course
<input type="checkbox"/>	Development of academic activities	<input type="checkbox"/>	Student representation
<input type="checkbox"/>	Short visit for coordination, planning and quality control		
<input type="checkbox"/>	Short intensive course		
<input type="checkbox"/>	Dissemination visit		

<u>TEMPUS GRANT FOR STAFF TRAVEL COSTS AND COSTS OF STAY</u>	<u>Amount in EUR</u>
⊕ Costs of Stay (amount received by the recipient of the mobility grant)	
⊕ Travel Costs	
⊕ TOTAL TRAVEL AND COSTS OF STAY (please specify in the financial tables in the Final Report the amount declared paid by Tempus and/or co-financed)	

PERIOD SPENT ABROAD:

	(dd/mm/yy)		(dd/mm/yy)		(no. of days)
From:		To:		Duration in days:	

DESCRIPTION OF ACTIVITY PERFORMED

Please give a brief description of the activities performed during the mobility.

SIGNATURE OF THE RECIPIENT

date and sign here as proof of receipt)

I hereby declare that I have received the Tempus mobility grant.

Date:

Signature: