**ISN International Travel Support (ITS) Report Form**

**Deadline: two months after completion of the project**

**Beneficiary:**

|  |  |
| --- | --- |
| **Name** |  |
| **Email address** |  |
| **Institutional address:** | |
| * Department |  |
| * Institution |  |
| * City |  |
| * Country |  |

**Host:**

|  |  |
| --- | --- |
| **Name** |  |
| **Email address** |  |
| **Website** |  |
| **Institutional address:** | |
| * Department |  |
| * Institution |  |
| * City |  |
| * Country |  |

**Project title:**

|  |
| --- |
|  |

**Project duration:**

|  |  |
| --- | --- |
| **From (DD/MM/YY)** | **To (DD/MM/YY)** |
|  |  |

**Scientific report about the outcome of the visit and future perspectives**

(2-3 pages max.)

**(1) What were the major goals of the project?**

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**(2) What was accomplished under these goals and objectives?**

2.1 Major activities in the host lab:

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2.2 Key outcomes or other achievements:

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**(3) What opportunities for training and professional development did the project provide?**

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**Are there any publications or presentations at conference or institution arising from the visit? (if so, please provide details)**

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(Please note that in any publications resulting from the funded activity ISN funding shall be acknowledged.)

**Financial report**

Please provide a brief overview how funds have been used.

**Total costs** (in USD)**:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Costs** | **1. month** | **2. month\*** | **3. month\*** | **total** |
| **1.** | **Travel costs** |  |  |  |  |
| 1.1 | Airfare |  |  |  |  |
| 1.2 | Ground transportation |  |  |  |  |
| **2.** | **Accommodation costs** |  |  |  |  |
| **3.** | **Insurance** |  |  |  |  |
| **4.** | **Visa costs** |  |  |  |  |
| **5.** | **Project costs** |  |  |  |  |
| 5.1 | consumables |  |  |  |  |
| 5.2 | Animal costs |  |  |  |  |
| 5.3 | Measuring costs |  |  |  |  |
| 5.4 | Other project costs (give details) |  |  |  |  |
|  |  |  |  |  |  |
| **Total costs of the lab visit:** | | | | |  |
| **Total ITS funding:** | | | | |  |

**Other external and local funds used for the visit**

|  |  |  |
| --- | --- | --- |
| **Source** | **Amount** (USD) | **Used for** |
| **Home institution** |  |  |
| **Host lab** |  |  |
| **Other sources** |  |  |

**Photograph showing the beneficiary in the host laboratory**

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I agree that portions of this report, and a copy of the supplied photograph, may be published on the ISN homepage or used by ISN in social media to appropriately advertise ISN-supported CDC activity.

|  |  |
| --- | --- |
| **Signature of beneficiary:** |  |
|  |  |
| **Place, Date:** |  |

|  |  |
| --- | --- |
| **Signature of host:** |  |
|  |  |
| **Place, Date:** |  |