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**SUMMARY OF THE REQUEST FOR TRAVEL CLEARANCE OUTSIDE THE COUNTRY**

(Application to be submitted not later than 18 days to the date of departure)

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| 1. **Names** | …………………………………………………………………………………….. |
| 1. **Position** | …………………………………………………………………………………….. |
| 1. **Unit/School/College** | …………………………………………………………………………………….. |
| 1. **Purpose of the mission** | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…….………………………………………………………………………………………………………………………………………………………………………………………… |
| 1. **Destination** |  |
| 1. **Travel dates** | * Departure from Kigali: ………./……./20.... |
| * Return (i.e. Arrival in Kigali): ……/…../20... |
| 1. **Funder(s) of the Mission** | * Ticket: ………………………………………………………………………… |
| * Accommodation: …………………………………………………………. |
| * Others (Specify) ……………………………………………………………. |
| 1. **Number of outside missions done during the year** | ………………. |
| 1. **Date of return from the last mission** | ………./……./20... |
| 1. **Date of submission of the report of the last mission** | ………./……./20.... |
| 1. **Checklist of the documents attached** | 1. Letter of mission request 2. Motivation for the mission (memo justifying mission) 3. Invitation letter 4. Program of the mission (day by day) 5. Copy of ticket or flight itinerary 6. Self-declaration, UR-employee 7. Approval by Line Manager (Principal, DVC or VC) 8. Proof of funding 9. Reason for the delay (If application is done in less than 18 days)   *(approved & signed by Principal /Supervisor)* |
| 1. **Summary of the Rationale of the mission (For individual, the university and the country)** | **For the individual:** ………………………………………………........................................................................................  ..............................................................................................................................................................................................  **For the University:** ………………......................................................…………………………………………………….…  …………………………………........................................................................………………………………………………….  **For the country:** …………………………………………………………......................................................………………...  …………………………………………………………………........................................................................…………………. |
| 1. **Is this mission conditional to payment of contingency allowance by UR?** | **Yes No** |
| **Signature of Applicant** .............................................**Date**................................... | |

**PLEASE NOTE THAT:**

1. Every section of the form must be completed
2. The form must be attached to the application
3. Applications with incomplete forms will not be processed
4. Applicants to be funded by UR-Sweden must attach a proof of funding signed by UR-Sweden Program PCO, those to be funded by projects must attach the proof funding signed by SPIU Coordinator