|  |  |  |
| --- | --- | --- |
|  | **BACK TO OFFICE REPORT** | Date Submitted: |
| Date of Mission: |
| Venue:  |
| Name of Activity: | Organized by: | Office/School: |
| Participants: |
| **Purpose of the Meeting/Training/Workshop:** |
| **Highlights of the Meeting/Training/Workshop:** |
| **Insights/Lessons Learned:** |
| **Recommendation/Actions need to be taken:** |
| Prepared by:  |