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|  | **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: | | |