



Employee Name:	Daily Work Site (complete address):
Employee ID # (if Cognitive employee)/Position:	Business Cell:
Event/Conference Name:	Business Email:
Event/Conference Role:	TDY Dates and Location:

New Contacts:

Summary of Event/Conference:



Planned Implementation of Acquired Event/Conference Information in State/Territory:

Overall Strengths of Event/Conference:

Areas of Concern Regarding Event/Conference:

Required Follow-up:

Submit completed voucher packet to Regional Assistant Program Manager (RAPM)

Submit completed AAR to SFPD and RPM

Employee Signature:

SFPD Signature:

Regional Assistant Program Manager Signature:

NOTE: If additional space is required, please include those comments on a separate sheet of paper and include with final submission