			Year	Month Day	
Joint research business trip notification					
Dean of the Institute of Tropical Medicine, Nagasaki University					
		Affiliate organization			
		Position/Name	seal/signature	e	
		Contact telephone num	nber		
Please follow the requisite procedures as I will go on a joint research business trip as detailed below.					
1.	Project number:				
2.	Research project	title:			
3.	Dates of trip: Yea	arMonthDay	to Year Month	Day	
4.	Expenses to be paid by: Institute of Tropical Medicine, Nagasaki University				
5.	5. Destination: Institute of Tropical Medicine, Nagasaki University (in the event it is elsewhere:				
)					
I hereby approve the business trip for joint research purpose between the above dates:					
Year Month Day					
Position and name of head of affiliation					
seal/signature					
		T. 1:			
		Teaching staff in charge at Institute of Tropical	Seal/Signature:		
		Medicine	-		

 $\bullet\,$ Please complete having fully read the instructions on the next page

Notes on completion and submission

- 1. This notification is to be served with the "permission for business trip request" submitted by the head of your institution of affiliation, so please obtain the permission of the head of your institution and submit to the Research Facilitation Division of the Institute of Tropical Medicine via the Institute staff member you are dealing with two weeks prior to visiting. (Please strictly observe the deadline for the purpose of travel expense procedures.)
- 2. When a "business trip request" is necessary for your institution's administrative purposes please contact the enquiries point given below.
- 3. The "head of your institution" means the dean or research director in the case of teaching staff affiliated to a faculty or research institute, the president in the case of teaching staff affiliated to colleges, the research director of your affiliation in the case of graduate students, or the head of your institution f affiliation in the case of researchers affiliated to any other national research institution.
- 4. Please enter the actual period of business trip for which you will receive business trip expenses from the Institute as the "Dates of trip."

Enquiries should be addressed to: Infectious Disease Research Support Management Division, Nagasaki University 1-12-4 Sakamoto Nagasaki 852-8523 TEL+81 095-819-7732 FAX+81 095-819-7805