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| 出張中止届 (Business Trip Cancellation Form)　　 1ページ | | | |  | | | | |
| 申請書NO (Serial No.) | (記載不要) | 申請日(Application Date) | 年 月 日 | | 親文書NO | | (記載不要) | |
| **＊**必須(Required)  ※親文書NO (Parent Document No. (Serial No.))※親文書がある場合の申請書番号  水色の部分を必要に応じて記入して提出してください | | | | | | 受付 | | 申請者 |
|  | |  |

「申請者入力欄」は出張者自身（教員・職員）で入力をお願いします。(1〜6までを必要に応じてご記入下さい)

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| 申請者入力欄(To be filled out by applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1:申請者(出張者)情報(Applicant (Business Traveler) Information) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請者区分(Applicant Classification)**＊** | | | | | | | | | | | | | | | | □教員　□職員　□大学院生　□その他 | | | | | | | | | | | | | | | | | | | | | |
| 教職員（Faculty/Staff) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □事務部局 | | | | | |
| 勤務員番号(Faculty No.)**＊** | | | | | | | |  | | | | 氏名(Name)**＊** | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 所属(Affiliation)**＊** | | | | |  | | | | | | | | | | | | | | 役職(Position) | | | | | | |  | | | | | | | | | | | |
| 連絡先(Phone) | | | | |  | | | | | | | | メール(E-mail) | | | | | | | | |  | | | | | | | | | | | | | | | |
| 大学院生(Graduate Student) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □事務部局 | | | | | |
| 学生番号(Student No.)**＊** | | | | | | | |  | | | | | | | | | 氏名(Name)**＊** | | | | | | |  | | | | | | 年次(School Grade) | | | | | |  | |
| 研究科(Graduate School) **＊** | | | | | | | | |  | | | | | | | | | 専攻(Major) **＊** | | | | |  | | | | | | | 課程(Course) | | | | |  | | |
| 研究代表者(Principal Investigator) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所属(Affiliation) | |  | | | | | | | | | | | | | | | 職名(Occupation) | | | | | | |  | | | 氏名(Name) | | | |  | | | | | | |
| 指導教授(Supervising Professor) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所属(Affiliation) | |  | | | | | | | | | | | | | | | 職名(Occupation) | | | | | | |  | | | 氏名(Name) | | | |  | | | | | | |
| 2:出張情報(Business Trip Information) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出張期間(Period of Business Trip)**＊** | | | | | | | | | | | 年 月 日 | | | | | | | | | | 00:00 | | | | ～ | 年 月 日 | | | | | | | | 00:00 | | | |
| 行先区分  (Destination Classification) | | | | □国内**＊**  (Domestic) | | | | | | 出発地**＊**  (Point of Departure) | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 到着地**＊**  (Point of Arrival) | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| □海外**＊**  (Overseas) | | | | | | 国名(都市)**＊**  (Country/City Name) | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 目的地(Destination) **＊** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所(Address) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 海外連絡先(Overseas Contact Information) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 目的(Purpose)**＊** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出張中止届 (Business Trip Cancellation Form)　　 2ページ | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| 申請書NO (Serial No.) | | | | | | (記載不要) | | | | | | | | |  | | | | | | | | | | | | | | 親文書NO | | | | (記載不要) | | | | |

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| 3:出張中止事由　(Reason for Cancellation of Business Trip) |
| 該当する事項の□にチェックを入れ、状況を簡単にご記入ください。　※個人都合は私傷病・忌引き（親・配偶者・子）を含む。  Check the box for the applicable item and describe the situation briefly.  ※Personal circumstances include personal injury/illness/death (of a parent/spouse/child). |
| □ 自然災害(Natural disaster)  □ 政情不安(Political unrest)  □ 伝染病の流行(Epidemic)  □ 出張目的の会議・会合などの中止(Cancellation of a business meeting, conference, etc.)  □ その他、上記に準ずるもの(Another reason similar to the above)  □個人都合(Personal circumstances) |
| 状況の説明(Description of the Situation) |
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| 4: 休講届の提出について(Regarding Submission of a Class Cancellation Application Form) |
| ※休講届けを申請している場合は出張者本人が教務部（休講担当）に出張中止の連絡をして下さい。  ※If you have applied for cancellation of a class, you should contact the Academic Affairs Division (who is in charge of class cancellations) regarding cancellation of the business trip. |
| □提出済(Submitted) □提出なし(Not Submitted) |
| 5:「立教トラベルプラザ請求書払申込書」の提出について  (Regarding Submission of a "Rikkyo Travel Plaza Invoice Payment Application Form") |
| ※「立教トラベルプラザ請求書払申込書」を申請している場合は出張者本人が立教トラベルプラザに出張中止の連絡をして下さい。  ※If you have filled out and submitted the "Rikkyo Travel Plaza Invoice Payment Application Form", you should contact Rikkyo Travel Plaza regarding cancellation of the business trip. |
| □提出済(Submitted) □提出なし(Not Submitted) |
| 6:「学院包括契約海外旅行保険加入依頼書」の提出について  (Regarding Submission of a "Gakuin Comprehensive Contract Overseas Travel Insurance Enrollment Request Form") |
| ※「学院包括契約海外旅行保険加入依頼書」を申請している場合は出張者本人が立教ほけんプラザに出張中止の連絡をして下さい。  ※If you have filled out and submitted the "Gakuin Comprehensive Contract Overseas Travel Insurance Subscription Request Form", you should contact Rikkyo Hoken Plaza regarding cancellation of the business trip. |
| □提出済(Submitted) □提出なし(Not Submitted) |

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| 出張中止届 (Business Trip Cancellation Form)　　 　　　　　3ページ | | |  | | |
| 申請書NO (Serial No.) | (記載不要) |  | | 親文書NO | (記載不要) |

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| 7: キャンセル料の精算(Settlement of Cancellation Fees) | |
| ※個人都合による中止の場合には、キャンセル料は原則自己負担となります。ただし、校務、授業等の出張は、人事課長が中止の理由を承認した場合には、キャンセル料を支払います。  ※申請する場合は、本届にキャンセル料等の請求（支払）およびその金額が確認できる書類等を提出してください。学院指定業者を使用した場合は不要です。(原本の提出が必要です)  ※In cases of cancellation due to personal circumstances, as a general rule cancellation fees will be borne by the individual. However, with business trips for school affairs, classes, etc., cancellation fees may be paid if approval from the head of the Human Resources Office is received.  ※When applying, please submit a request for payment of cancellation fees, etc., and documents confirming the amount with this form. This is not required if using a designated contractor. (Submission of originals is required) | |
| □　申請する(Apply)　□　申請しない(Do not apply) | |
| その他備考(Other Remarks) |  |

事務部局入力欄は申請者による記入は不要です

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| 事務部局入力欄（以下は事務部局による記入をお願い致します。）To be filled in by the office | | | | | |
| 回覧先 | □学生部　□リサーチ・イニシアティブセンター　□トラベルプラザ　□ほけんプラザ　□休講担当  ※回覧先としたい場合はチェックを入れてください。 | | | |
| 他部署予算 | |  | |
| 他部署予算1 | |  | |
| 他部署予算2 | |  | |
| 他部署予算3 | |  | |
| その他備考(Other Remarks) | | | |  | |