

City of Hammond Travel Request Form

Name: _____ Date: _____

Title: _____ Department: _____

Purpose of Travel: _____

Please attach a completed copy of your itinerary when submitting this request for approval.

Destination: _____

Mode of Travel: _____ Estimate \$ _____

Day and Date of
Departure: _____

Time of
Departure: _____ a.m. / p.m. Lodging: Yes No. Estimate \$ _____

Day and Date of
Return: _____

Time of
Return: _____ a.m. / p.m.

Registration/ Enrollment	\$ _____	Other Exp. (Taxi, Toll, Parking, Meals etc.)	\$ _____
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Expense Account: _____	Total Expense Estimate \$ _____
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By signing below both employee and Department Head assert that budgeted funds are available for this request.

Employee
Signature: _____

Department Head
Signature: _____

Administration
Approval: _____

NOTE: No travel expenses will be paid without a completed copy of this form attached. This document will NOT be accepted by Accounts Payable unless signed by the Mayor or Director of Administration.