

City of Hammond

TRAVEL EXPENSE REPORT

Name _____	
Department _____	_____
Departure Date ____/____/____ Time ____ am ____ pm	Return ____/____/____ Time ____ am ____ pm
Date _____	

[illegible]

NOTE: A Completed Check Request MUST Accompany This Form.

Contact City of Hammond Accounting Dept. For Current Mileage Reimbursement Rate 542-3412.

Travel From								
Travel To								
Total Mileage								

Receipts required for all items other than mileage and per diem.

Explanation of expenses that may be unusual or large

Purpose of Trip: See Attached Travel Request Authorization		
Traveler Signature:	Dept. Head Approval:	Date: