City of Hammond

TRAVEL	FXP	FNSE	REPO	RT

Name									
Department		-							
Departure Date / / Time am _ pm			Return						
Date	/ /	/ /	/ /	/ /	/_/_				
Expense Item	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals	
Meals									
Air									
Rail									
Parking									
Bus/Taxi									
Auto Rental									
Auto Mileage .485									
Telephone									
Miscellaneous									
Tips									
Registration									
Fuel									
i dei									
4/4									
				3					
Total Eveno									
Total Expe	nses			l cos	Dranaid Trave	L Evnoncos (D	d by sity shock)		
	-			Less Prepaid Travel Expenses (Pd by city check) City Credit Card Charges					
							Due Employee		
NOTE: A Completed	Check Reques	t MUST Accom	pany This For	m.					
				_					
Contact City of Hammo	and Accounting [Dept. For Currer	nt Mileage Reim	bursement Rate 5	42-3412.				
Travel From				4					
Travel To									
Total Mileage									
Receipts required for a	II items other th	an mileage and	per deim.						
Explanation of expense	es that may be u	inusual or large							
	,	,							
Purpose of Trip: See	Atttached Trav	el Request Au	thorization	1					
Traveler Signature:			Dept. Head Ap	9			Date:		