

# 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/<br>Enrollment | \$ _____ | Other Exp. (Taxi, Toll,<br>Parking, Meals etc.) | \$ _____ |
|-----------------------------|----------|---|----------|

|                        |                                    |
|------------------------|------------------------------------|
| Expense Account: _____ | Total Expense<br>Estimate \$ _____ |
|------------------------|------------------------------------|

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.