

# Taxi Fare Receipt

## For Reimbursement

Date:

Receipt No:

Passenger Name:

Department:

Employee ID:

Pick-up Location	Destination	Date & Time	Distance (km)	Fare (Rs.)

Amount in Words:

Payment Method:

☐ Cash ☐ Card ☐ Wallet

Taxi/Vehicle No:

Driver Name:

Driver Contact:

Passenger's Signature

Driver's Signature

- Ensure all fields are properly filled before submitting for reimbursement.
- Attach original receipt copy if received from taxi operator or app.
- Incorrect or incomplete receipts may not be processed for reimbursement.
- Provide accurate journey details to avoid rejection.
- Contact the Accounts/Finance department for any clarifications regarding reimbursement policy.