

Combined Bus/Taxi Fare Reimbursement Document

Employee Information

Name:	<input type="text"/>
Department:	<input type="text"/>
Employee ID:	<input type="text"/>
Contact Number:	<input type="text"/>

Trip Information

Date of Travel:	<input type="text"/>
Purpose of Travel:	<input type="text"/>
From:	<input type="text"/>
To:	<input type="text"/>

Fare Details

Mode	Date	Route	Fare Amount	Receipt Attached
Bus				
Taxi				
Total				

Declaration

I hereby declare that the above travel expenses are true and incurred by me solely for official purposes. Original receipts (where applicable) are attached.

Employee Signature: Date:

For Office Use Only

Checked by:	<input type="text"/>
Approved by:	<input type="text"/>
Remarks:	<input type="text"/>

Important Notes

- Attach original bus and taxi receipts for all claimed fares.
- Incomplete or false information may lead to rejection of reimbursement.
- Submit the form within the stipulated deadline per company's travel policy.
- Ensure all office approvals are obtained before submission to accounts.
- Document is valid only for combined bus/taxi fare reimbursement.

