

# Taxi Fare Reimbursement Claim

Date of Submission: \_\_\_\_\_

## Employee Details

<b>Name</b>	_____
<b>Department</b>	_____
<b>Employee ID</b>	_____
<b>Contact Number</b>	_____

## Trip Details

<b>Date of Journey</b>	_____
<b>From (Pickup Location)</b>	_____
<b>To (Drop Location)</b>	_____
<b>Purpose of Trip</b>	_____
<b>Time of Departure</b>	_____
<b>Time of Arrival</b>	_____

## Fare Details

<b>Total Fare Amount (in local currency)</b>	_____
<b>Taxi Bill / Receipt Number</b>	_____
<b>Attached Original Receipt</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Declaration

I hereby declare that the information provided above is true, accurate and the taxi fare was incurred for official business purposes. Original taxi receipt has been attached for verification.

Employee Signature:

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Employee Signature & Date

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Manager / Supervisor Approval & Date

## Important Notes

- Attach the original taxi bill/receipt with this form. Claims without receipts will not be processed.
- Claim must be submitted within the stipulated period as per company reimbursement policy.
- Ensure that taxi fare is incurred strictly for approved business purposes.

- Incomplete or inaccurate information may cause delays in the reimbursement process.
- Keep a copy of the submitted claim for your records.