

Taxi Fare Reimbursement Claim

Date of Submission: _____

Employee Details

Name
Department
Employee ID
Contact Number

Trip Details

Date of Journey
From (Pickup Location)
To (Drop Location)
Purpose of Trip
Time of Departure
Time of Arrival

Fare Details

Total Fare Amount (in local currency)	
Taxi Bill / Receipt Number	
Attached Original Receipt	<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:

Employee Signature & Date

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.