

Taxi Invoice



Taxi Company _____

Address _____

To Entrepreneurship, Training and Trade:
Medical Transportation for the following Income Assistance Clients;

Authorized by _____ or Emergency Trip

Trip from _____ Date _____
mo/day/yr

Trip to _____

_____ KM @ \$ _____ = \$ _____

_____ Hrs waiting time @ \$ _____ = \$ _____

TOTAL \$ _____

Passenger(s) Name

Passenger(s) Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Vehicle Licence # _____ Driver's Signature _____

To be completed by MEDICAL CENTRE: Appointment Time _____ Arrival Time _____ Departure Time _____

Reason for trip _____

Comments _____

_____ Signature _____

To be completed by PHARMACY: Departure Time _____ Signature _____

For Office Use: Approved for Payment _____ Date _____
mo/day/yr

Case # _____	HTT <input type="checkbox"/>	EDT <input type="checkbox"/>	EMTO <input type="checkbox"/>	SNTR <input type="checkbox"/>	\$ _____
Case # _____	HTT <input type="checkbox"/>	EDT <input type="checkbox"/>	EMTO <input type="checkbox"/>	SNTR <input type="checkbox"/>	\$ _____
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