## 911 Nurses GTA - Newfoundland Travel TAXI LOG

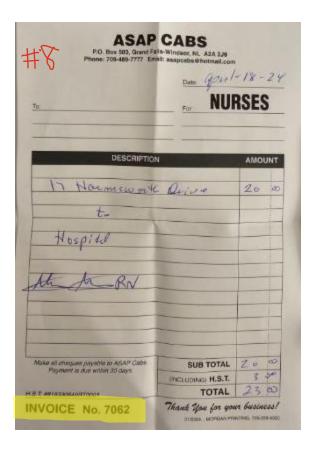
Name: _	Jane	Doe	
Facility:	Lions	Monor	

Please complete all necessary fields. Assign a number to each receipt, entering this number in the first column labeled "Receipt #". Also, include the invoice number where applicable. If you do not receive a written receipt from the cab company detailing the to and from locations, note this in the "Notes" column and write the to and from locations on the POS receipt. See the sample below:

Receipt #	Shift Date &	Taxi Date	From	то	Amount		Notes
	Shift Type	(Month/Day/Ye ar)			(\$\$\$)	Invoice #	
1	May 31,2024 NA	May 31,2024	Airport	15 Centre Circle	\$199		Only POS provided
2	June 3,2024 Day	June 3,2024	15 Centre Circle	Lions Manor LTC	\$14		Only POS provided
3	June 4,2024 Day	June 4,2024	15 Centre Circle	Lions Manor LTC	\$14		Only POS provided
4	June 4,2024 Day	June 4,2024	Lions Manor LTC	15 Centre Circle	\$14		Only POS provided
6	June 6,2024 Night	June 7,2024	Lions Manor LTC	15 Centre Circle	\$14		Only POS provided
5	June 7,2024 Night	June 7,2024	15 Centre Circle	Lions Manor LTC	\$14		Only POS provided
7	June 7,2024 Night	June 8,2024	Lions Manor LTC	15 Centre Circle	\$14		Only POS provided
8	18-Apr- 24	18-Apr-24	17 Nameworthy Drive	Stephenvill e Hospital	\$23	7062	
Total	- 47				\$306	7002	

By signing this form, I confirm that all the information provided is accurate. I acknowledge that taxi reimbursement is granted solely for direct travel between home and work. **Unsigned sheets or sheets without accompanying receipts will not be reimbursed.** 

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Please scroll down to next page.

Signature \_\_\_\_\_

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