

911 Nurses GTA - Newfoundland Travel TAXI LOG

Name: _____

Facility: _____

Instructions:

1. Please complete all necessary fields.
2. Assign a number to each receipt. Enter this number in the first column labeled "Receipt #". Include the invoice number where applicable.
3. Attach a photo of all your LABELED receipts with your submission email to payroll

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

Receipt #	Invoice #	Shift Date	Taxi Date (Month/Day/Year)	From	To	Amount (\$\$\$)	Notes
		Shift Type (Day/Night)					
Total:						\$	

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**

Signature _____