RIDESHARE & TAXI RECEIPT

Corporate Travel Expense Documentation

Document No:

Submit Date:

EMPLOYEE DETAILS

Employee Name:

Department:

Employee ID:

Manager / Approver:

TRIP INFORMATION

Service Provider:

Transaction Date:

Pickup Location:

Payment Method:

Transaction Time:

Drop-off Location:

Business Purpose:

EXPENSE BREAKDOWN

Description	Amount
Base Fare / Distance Rate	
Tolls & Surcharges	
Tip / Gratuity	
Other (Specify: _____)	
Total Paid Amount	

Traveler Signature

Date:

Authorizing Manager Signature

Date: