



AUTHORISATION FORM
USE OF TAXIS

NAME

DESIGNATION

BASE

DATE & TIME OF JOURNEY

REASON FOR THE AUTHORISATION

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.....

Authorised by:

Signature..... **Date**.....

Manager: (PRINT NAME).....

Signature..... **Date**

INFORM DOCTOR: THE TAXI FARE SHOULD BE LISTED ON THE TRAVEL CLAIM AND SUBMITTED WITH A RECEIPT AND COMPLETED AUTHORISATION FORM FOR PAYMENT TO BE MADE

SEND COMPLETED AUTHORISATION FORM TO TRAVEL, MARY SEACOLE BUILDING, WILLERBY HILL