



Taxi Claims form

Bus Label:

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School: Australian International School

Campus: Lor Chuan

Date Expenses Incurred:	Date Submitted:
Name of Students:	
Class:	
1) _____	
2) _____	
3) _____	
Contact:	

<u>Details of Claim:</u>	Amount 1:	
	Amount 2:	
	Amount 3:	
	Total:	
Claimant's Signature:	Date:	

Terms & Conditions:

- 1) Please submit form within 3 three working days with supporting documents. (receipts/emails etc)
- 2) Incomplete forms/ those without supporting documents may be rejected.
- 3) All claims are subjected to approval by the transport operator.
- 4) Please allow up to 3 three working days to process the claim.

<u>Remarks:</u>			
		Approval:	Yes / No
Coordinator's Signature:		Date:	

Amount paid:		Date paid:	
Paid by:		Received by:	
Signature:		Signature:	