

OFFICIAL DRIVER TAXI TRIP RECORD FORM

DRIVER NAME: _____ P.S.LICENSE NO.: _____ TAXI PLATE NO.: _____ DATE: _____

ODOMETER READING, END: _____ GALS. GAS PURCHASED: _____ TIME/DATE, FINISHED: _____

ODOMETER READING, START: _____ QTS. OIL PURCHASED: _____ TIME/DATE, STARTED: _____

MILES TRAVELLED: _____

TRIP NO.	NO. PASS.	PICK UP TIME	TRIP ORIGIN	TRIP DESTINATION	DROP TIME	FARES	
			FULL STREET ADDRESS AND TOWN	FULL STREET ADDRESS AND TOWN		CASH	CHARGED
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

LIST ADDITIONAL TRIPS ON REVERSE SIDE

DRIVER'S SIGNATURE: _____

DATE: _____

FARE TOTALS

USE REVERSE SIDE FOR ADDITIONAL TRIPS

USE REVERSE SIDE FOR ADDITIONAL TRIPS