

# TAXI VOUCHER for OFFICIAL STATE BUSINESS TRIPS

STATE OF CALIFORNIA

STD. 58 (NEW 4/91)

Voucher No.

<b>A</b>	NAME OF TRANSPORTATION PROVIDER			TELEPHONE NUMBER
	ADDRESS OF TRANSPORTATION PROVIDER <i>(Number, Street)</i>			<i>(City) (State) (Zip Code)</i>
<b>B</b>	TAXI DRIVER NAME		TAXI NUMBER	FEDERAL EMPLOYER I.D. No.
	FROM	TIME	METER	\$
	TO	TIME	SURCHARGE	\$
				<b>TOTAL</b>
			\$	
DEPARTMENT NAME			DIVISION / OFFICE	
ADDRESS <i>(Number, Street)</i>			<i>(City)</i>	<i>(State) (Zip Code)</i>
SUPERVISOR'S NAME			BILLING CODE	
PASSENGER'S SIGNATURE		TELEPHONE NUMBER	DATE	

**DISTRIBUTION:** YELLOW - Transportation Provider - Billing Copy

WHITE - Transportation Provider Copy

PINK - Employee Copy - Return to Dept.

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