

WEEKLY TAXI AUTHORIZATION REGISTER

FOR WEEK ENDING

Y	Y	Y	Y	M	M	M	D	D

AUTHORIZATION NUMBER:

OFFICE CODE

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(sub)

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. Disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this form should be directed to your local Employment and Assistance Centre.

Sample

SUB CODE	Number of Trips	Maximum Total Cost	Issue Date YYYY MMM DD	Trip Description From/To	Taxi Company Name	CLIENT IDENTIFICATION		File ID/ File Number	Caseload Number	Activity or Allowance Code
						Family Name	Given Name			
01		\$								
02		\$								
03		\$								
04		\$								
05		\$								
06		\$								
07		\$								
08		\$								
09		\$								
10		\$								

DATA ENTRY: KEY EMPLOYMENT AND ASSISTANCE CLIENTS ONLY.

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CERTIFIED THAT THE AMOUNTS TO BE PAID ARE IN ACCORDANCE WITH THE APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT.

DISTRICT SUPERVISOR'S EXPENSE AUTHORITY

Print Name	Signature	Date (YYYY MMM DD)