**Appendix 22 Taxi Booking Form**

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| **Taxi Booking Form** | | |
| **This form MUST be completed on every occasion that a taxi booking is made.** | | |
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| **Name of the Taxi Company** |  | |
| **Booking Reference Number** |  | |
| **Name of the Staff Member and Ward/Service (making the booking)** |  | |
| **Reason for Taxi Booking** |  | |
| **Authorised by** |  | |
| **Name of Passenger** |  | |
| **Address to be conveyed from** |  | |
| **Address to be conveyed to** |  | |
| **Date & Time of Travel** | **Date:** | **Time:** |
|  | | |
|  | | |
| **On completion of the form, a copy MUST be emailed within 24 hours to:**  **Your Service Manager / Modern Matron or Admin Team (as per local agreement)** | | |