



TARAYANA FOUNDATION  
TARAYANA CENTRE  
P.O.BOX 2003  
CHUBACHU  
THIMPHU, BHUTAN



**OFFICIAL TAXI HIRING HAND RECEIPT**

Date.....

Date	Place		Amount	Purpose/Remarks
	From	To		

Submitted by

Name of Taxi Driver.....

Mobile No. ....

Vehicle No. ....

Approved by