

TAXI RECEIPT

Taxi Service: _____ Taxi No.: _____

Driver: _____ Date & Time: _____

| | |
|--|----------|
| Pickup: _____ | Fare \$ |
| Destination: _____ | Tax \$ |
| | Tip \$ |
| Paid By: <input type="checkbox"/> cash <input type="checkbox"/> Credit <input type="checkbox"/> Other: _____ | Total \$ |

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