

TAXI FARE RECEIPT

Serial No.: _____

Date: ____/____/____

Driver License No.: _____

Trip Purpose: _____

Vehicle Registration: _____

Passenger Name: _____

TAXI RECEIPT		
Distance:	_____ km	
Rate per km:	_____	\$ _____
Fare:	\$ _____	\$ _____
Surcharge:		\$ _____
Total Amount:	\$ _____	\$ _____

Authorized Signature