PASSENGER'S RECEIPT, TAXI CAB FARE

Member of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Association Name)

Appreciate your business. We wish to continue to serve you in a timely, professional manner. If you have any suggestions, comments or complaints, please call

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Drivers Name:  |  | Date: |  |
| Taxi Name & Number: |  | Fare: |  |
| Business Phone: |  | Other: |  |
| Thank You | Total:  |  |