

Taxi Ride Payment Receipt

Receipt #: _____

Date: _____

Taxi Company: _____

Driver Name: _____

Ride Details

Pickup Location: _____

Drop-off Location: _____

Pickup Time: _____

Drop-off Time: _____

Distance: _____

Fare Breakdown

Base Fare _____

Distance Fare _____

Time Fare _____

Extras _____

Taxes _____

Total Paid: _____

Thank you for riding with us!