

# Airport Taxi Receipt

Shuttle Services

Date

Receipt No.

Service Provider

Passenger Name

Contact Number

Pickup Location

Drop-off Location

Pickup Date & Time

Drop-off Date & Time

Description	Qty	Unit Price	Amount
Shuttle Service			
Extra Luggage			
Waiting Time			

Subtotal

Tax

**Total**

Payment Method

Driver Name

Signature

*Thank you for choosing our airport shuttle service.*