

Cab Company Name

123 Business Road

City, State ZIP

Phone: (123) 456-7890

Email: info@cabco.com

Invoice #: CFI-00123**Date:** 2024-06-20**Due Date:** 2024-07-05

Cab Fare Invoice

Billed To:

Corporate Client Name

789 Client Ave

City, State ZIP

Contact: client@email.com

Date	Employee	Trip Start	Trip End	Distance (km)	Fare
2024-06-18	John Doe	ABC Office	XYZ Airport	15.5	\$32.00
2024-06-19	Jane Smith	XYZ Airport	ABC Office	15.5	\$32.00
2024-06-19	John Doe	ABC Office	Client HQ	5.0	\$12.00
					Subtotal \$76.00
					Tax (5%) \$3.80
					Total Due \$79.80

Notes:

Thank you for choosing our cab service. Please make payment by the due date. For questions, contact our billing department.

Authorized Signature

Client Signature