

**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
				<b>Subtotal</b>	<b>\$76.00</b>
				<b>Tax (5%)</b>	<b>\$3.80</b>
				<b>Total Due</b>	<b>\$79.80</b>

**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