

Taxi Ride Payment Receipt

Driver Name

Taxi License / Plate No.

Date

____ / ____ / ____

Pickup Location

Drop-off Location

Pickup Time

____ : ____

Drop-off Time

____ : ____

Distance (km)

Passenger Name

Contact (optional)

Fare Amount

Tip

Total Paid

Total: _____

Payment Method

☐ Cash ☐ Card ☐ App ☐ Other: _____

Receipt No.

Driver Signature

Passenger Signature

Thank you for riding with us.
[Taxi Company Name / Contact]

