

Urban Taxi Service

Taxi Receipt

Date: _____

Receipt No.: _____

Passenger Name: _____

Contact Number: _____

Driver Name: _____

Taxi Number: _____

Company GSTIN: _____

Pickup Location: _____

Drop-off Location: _____

Pickup Time: _____

Drop-off Time: _____

Distance (km): _____

Base Fare: _____

Distance Fare: _____

Waiting Charges: _____

Taxes: _____

Other Charges: _____

Total Fare: _____

Note: This receipt is valid for accounting and reimbursement purposes. Please retain a copy for your records.

Passenger Signature

Driver Signature

Thank you for choosing Urban Taxi Service.