

Taxi Receipt

Receipt No.:

Date:

____/____/____

Passenger Information

Passenger Name:

Contact Number:

Trip Details

Pick-up Location:

Date & Time:

____/____/____ :__

Drop-off Location:

Date & Time:

____/____/____ :__

Fare Information

Distance (km):

Rate per km:

Subtotal:

Other Charges:

Total Fare:

Taxi Details

Taxi Number:

Driver Name:

License Plate:

Driver Signature:

- This receipt must be filled out clearly and accurately for reimbursement or record purposes.
- Always verify the driver's name and taxi details before accepting the receipt.
- Keep this document as proof of payment for personal or business expense claims.
- Unauthorized alterations or incomplete forms may render this receipt invalid.