

PASSENGER'S RECEIPT, TAXI CAB FARE

Members of the _____

(Association Name)
appreciate your business. We wish to
continue to serve you in a timely, professional
manner. If you have any suggestions,
comments or complaints, please call

Drivers Name: _____

Date: _____

Fare: _____

Taxi Name & Number: _____

Other: _____

Total: _____

Business Phone: _____

Thank You

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