

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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