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
PASSENGER'S RECEIPT, TAXI	CAR FARF
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