

| 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 |  |



