

Taxi Service Invoice Form

Driver Name: _____
Taxi Number / Plate: _____
Date: ____/____/____
Invoice No.: _____

Ride No.	Pickup Location	Drop-off Location	Date & Time	Fare (USD)	Payment Type
1	_____	_____	_____	_____	Cash / Card
2	_____	_____	_____	_____	Cash / Card

Total Fare: \$ _____
Amount Paid: \$ _____
Balance Due: \$ _____

Customer Signature: _____

Driver Signature: _____

Thank you for choosing our taxi service. Please retain this invoice for your records.