TAXI BILL			
Trip No.:			
From,		Destination,	
Time: Date:		Time: Date:	
Billed By:		Taxi Operator Name:	
		Mobile Number:	
		Vehicle Number:	
		Car/Auto Model:	
FARE			
Description	Price/Km's or Mins	KM's/Hrs.	Total
Base Fare			
Extra Kms Peak Time Surcharge			
Waiting Time			
Traffic Charges			
Tax Details		Rate	Amount
Total Fare			
Service Tax			
Total Fave Develo			
Total Fare Payable			
THANK YOU!! FOR RIDING WITH US			