

<b>TAXI CAB RECEIPT</b>		
		Receipt #: _____
		Date: _____
Fare Amount:	\$ <input type="text"/>	
<input type="checkbox"/> Cash		<i>Thank You For Your Business</i> 
<input type="checkbox"/> Credit Card		
<input type="checkbox"/> Other _____		
From:	<input type="text"/>	
To	<input type="text"/>	
Received By:	<input type="text"/>	
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