

Passenger Transport Service Invoice

Invoice No.: <input type="text"/>	Company Name: <input type="text"/>
Date: <input type="text"/>	Contact No.: <input type="text"/>

Passenger Name	Pickup Location	Drop-off Location	Journey Date	Fare
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount:	<input type="text"/>
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Notes:

Authorized Signature: _____