



Customer Copy

No 01480182

Company Name: PACOLD

Employee Name: VEDKAT PACOLD

Employee Id: _____

Date: 03/03/2022 Cab No: KA: 53: D: 1815

From: AIRPOR To: JAYALAKSHI

Bill No.: _____ Amount: 1200/-

Pick Up Time: _____ Drop Time: _____

Signature of Employee: _____

Sky Cabs, # 6-2-338, Noori Towers, Hill Colony,
Khairtabad, Hyderabad - 500 004.
Ph : 040-49 49 49 49

CASH RECEIPT



S.No. **3140**
Vehicle No. TS09UC5187 Date: 2-3-2022
Name VANKAT SAR Phone: 9849211401
Pick-up NARAYAN PUDA
Drop Point AIR PORT
D/P Local Bill (1 to 15 KM).....Start/KM.....Time/Out AM 7:50
Packages 2 Hrs/4Hrs/8Hrs.....Close/KM.....In/Time AM 7:05

Total Km... 8.7 Total Hrs..... Total Amt... 1000

Note : 1. this is not an advance receipt and the payment is done after the trip ended
2. Customer are request to check the belonging and I am not hold responsible for any loss.

Guest's Signature _____ Driver's Signature Amloz