[Your business name]

[Street address]
[Town, postcode]
[Email]

RECEIPT

No. R-0001

RECEIVED FROM

[Customer name]

[Customer address]

DATE

10 Sept 2026

PAID

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Fare, station to hospital	1	£14.50	**£14.50**
Waiting time	1	£3.00	**£3.00**

Subtotal	£17.50
TOTAL PAID	**£17.50**

Created with TapTax