

## Parking Receipt

### Parking Facility/Lot

Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Contact Number (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

### Bill to:

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### Vehicle Information:

- Make: \_\_\_\_\_
- Model: \_\_\_\_\_
- Year: \_\_\_\_\_
- License Plate Number: \_\_\_\_\_

### Parking Details:

- Date and Time of Entry: \_\_\_\_\_
- Date and Time of Exit: \_\_\_\_\_
- Duration: \_\_\_\_\_
- Parking Space/Spot #: \_\_\_\_\_

### Parking Fees:

Description	Rate/Price	Total


Subtotal: \$ \_\_\_\_\_

Taxes: \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

**Payment Information:**

- Payment Method: \_\_\_\_\_
- Transaction ID/Receipt Number: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_