

CAR PARKING RECEIPT

Date: _____

Vehicle Information

Make: _____ Model: _____ Year: _____
License Plate #: _____

Parking Information

Parking Lot Address: _____
Start Time: _____ AM PM End Time: _____ AM PM

Parking charges will be calculated at
 an Hourly Rate of \$ _____/hr
 a Flat Rate of \$ _____

After _____ Hours Days, vehicles will be charged \$ _____/hr for each additional hour of parking.

Fees

Total Fees: \$ _____
Taxes: \$ _____
Total Amount Due: \$ _____ Total Amount Paid: \$ _____

