

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: \$ _____

