DELIVERY CHALLAN

Your Business Name

Address · Phone

GSTIN: _____

LOGO

Challan No.: _____

Date: _____

Vehicle No.: _____

Mode of Transport: _____

CONSIGNEE (SHIP TO)

Name: _____

Address: _____

GSTIN (if any): _____

State: _____

Purpose: Supply on approval / Job work / Branch transfer / Other

S.No	Description of Goods	HSN	Qty	Unit	Value (₹)

NOTES

Goods received in good condition.

This challan is not a tax invoice.

Total Quantity

Total Value ₹

For Your Business Name

Receiver's Signature

Authorised Signatory

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