DELIVERY CHALLAN

Original for consignee / Duplicate for transporter / Triplicate for consigner (tick one)

Consigner		**Document details**	
Name		Challan No. (max 16 characters)	
Address		Challan date	
GSTIN (if registered)		Reason for transport	
State and code		Supply type	
		Place of supply (inter-State movement)	
		Vehicle No. / transporter	
		E-way bill No. (if required)	
		Invoice reference (if any)	

Consignee

Name:

Address:

GSTIN / UIN (if registered):

State and code:

Fill the GST rate and tax columns only where the goods are moving for supply to the consignee.

No.	Description of goods	HSN	Qty (provisional if not known)	Unit (UQC)	Rate	Taxable value	GST rate %	CGST	SGST / UTGST	IGST	Cess rate %	Cess	Total
1													
2													
3													
4													
5													
	Total												

Grand total	

Received the goods in good condition (consignee):

For (consigner name)

Signature

Free template from PaisaBill (www.paisabill.in). Check the requirements for your business with your CA.