| **Delivery Challan Format** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Company Name:** | | | |  | |
| Address: |  | | |
|  | | | |
| Phone No.: |  | | |
| Email: |  | | |
| GSTIN: |  | | |
|  | | | | | |
| Delivery Challan For: | | | Shipping To: | | |
| **Party Name:** | | | **Shipping Name:** | | |
| Address: |  | | Address: |  | |
|  | | |  | | |
| Phone No.: |  | | Phone No.: |  | |
| Email: |  | | Email: |  | |
| GSTIN: |  | | GSTIN: |  | |
|  | | |  | | |
| Challan No.: |  | | Delivery time: |  | |
| Date: |  | |  | | |
|  | | | | | |
| **Sl No.** | **Item Name** | | **HSN/SAC Code** | **Quantity** | **Unit** |
| 1 | Item Name 1 | | 1234 | 5 | Bag |
| 2 | Item Name 2 | | 1234 | 12 | Box |
| 3 | Item Name 3 | | 1234 | 14 | Unit |
| 4 | Item Name 4 | | 1234 | 12 | kg |
| 5 | Item Name 5 | | 1234 | 15 | Pac |
| 6 | Item Name 6 | | 1234 | 10 | Bag |
| 7 | Item Name 7 | | 1234 | 14 | Box |
| 8 | Item Name 8 | | 1234 | 12 | Unit |
| 9 | Item Name 9 | | 1234 | 10 | kg |
| **Total** | | | | **104** |  |
| Terms and conditions: | | |  | For, Company Name  Authorized Signature | |
| Received By  Name:  Comment:  Date:  Signature: | | |  | | |
|  | | | | | |
| Delivered By  Name:  Comment:  Date:  Signature: | | | | | |