| **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** |  |  |
| Terms and conditions: |  | For, Company NameAuthorized Signature |
| Received ByName:Comment:Date:Signature: |  |
|  |
| Delivered ByName:Comment:Date:Signature: |