

FORM T-2

Invoice Details:-

Invoice No:

Date:

Total Invoice :

Amount

Purchase Type:

Identity of Supplier :-

TIN :

Name :

Address :

State :

City:

Commodity Details :-

Total of Commodity wise details should be equal to the amount of purchase as recorded in DVAT-30.

Name of Commodity	Quantity	Unit	Rate per unit	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount:				<input type="text"/>

Mode of Transport: ☐ By Road ☐Through Courier ☐By Train ☐Through Pipeline ☐By Air ☐Through Internet

Dispatch Details :-

Place of Dispatch of Goods :

Place of Delivery of Goods :

Identity of Transporter:-

Name:

Address :

State :

City:

Vehicle No : - (4 digit number)

GR/Airway/RR/Courier Receipt Date: