e-Way Bill

1. E-WAY BILL Details

eWay Bill No: XXXXXXXXXX

Generated Date: XX/XX/XXX XX:XX PM

Generated By: XXXXX XXXXX XXXXX

Valid Upto: XXXXXXXXXX

Approx Distance: xxxm

Extended

Type: xxxxxxxxxxxxx

Document Details: XXXXXX XXXXXXXXX - Transaction type: Regular

XX/XX/XXXX

2.Address Details

Mode: xxxxx

GSTIN:XXXXXXXX

XXXXXXXXXX

:: Dispatch From :: XXXXXXXX

XXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXX

To

GSTIN: XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXX

:: Ship To :: XXXXXXXXXXX

XXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXX

3. Goods Details

HSN

Taxable

Tax Rate (C+S+I+Cess+Cess

Product Name & Desc. Code

Quantity

Amount Rs.

Non Advol)

XXXX+XXXX+XXXX+XXXX+XXX

XXXX+XXXX+XXXX+XXXX+XXX

XXXX+XXXX+XXXX+XXXX+XXX

PCS XX:XX PCS

XX:XX

XX:XX

PCS

XX:XX

XXXXX.XX

XXXXXX

XXXXXX

XXXXXX

XXXX+XXXX+XXXX+XXXX+XXX

PCS XX:XX PCS

XX:XX

PCS

XXXXXX

XXXX+XXXX+XXXX+XXX XXXXXX XXXX+XXXX+XXXX+XXXX

XX:XX PCS

XXXXXX

XXXXX.XX

XXXXX.XX

XXXX+XXXX+XXXX+XXXX+XXX

CESS Amt Tot. Tax'ble Amt **CGST Amt** SGST Amt IGST Amt

XX:XX PCS

XX:XX PCS

CESS Non.Advol Amt

Other Amt Total Inv.Amt ...

XXXX+XXXX+XXXX+XXX

XXXX+XXXX+XXXX+XXXX+XXX

Transporter ID & Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxx XX/XX/XXXX

Transporter Doc. No & Date xxxxxx &

Mode	Vehicle / Trans Doc No & Dt.	From	Entered Date	Entered By	CEWB No. (If any)	Multi Veh.Info (If any)
Road	XXXXXXXXXXX & XX/XX/XXXX	xxxxx,xxxxx	XX/XX/XXXX XX:XX PM	xxxxxxxxxx		-

GMN NO. 12345

	From			То	Vi	Station	Mode	Vehicle No.	Vehicle Type
	XXXXXXXXXXX	0000X	XXXX				XXXX	xxxxxxx	******
E-1	way Bill No				1	nsurance	E-Way Bill Date	Valid Upto	Seal No.
XXXX	XXXXXX						Xx/xx/xxxx	Xx/xx/xxxx	
Consigno	r's Name &	Address				Consignee's Name	e & Address		
0000000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	000000000	Str	ate XX		(444)4444444444444444444444444444444444	State GSTIN: Mobile No	xx : xxxxxxxxxxxx	
Qtv./ Pairs	No. of Pkgs	Type of Page.	Contents	2	nvoice No.	Invoice Date	Invoice Value	Rate	Freigh
×	xx	XXX	XXXXXXXXXX	×	********	XX/XX/XXXX	****,***,**		
Dimensk	ons Weight	j+ 300	naman	Weight:-	000	Total :	*******		
		ayment Te	rms		GST	Гуре	XXXXXXXX	xxxxxxxxxxx	= -
Cash	To Pay	To Be	At Branch		2000000	COCCC	Prepared By	*******	
		~	XXXXXXXXX						
REMARK	SInvoice n	O-XXXXXXX	×				_		

AT OWNER RISK

IBA CODE :DLT-XXX

Tax Invoice

Bill To Xxxxxxxxxxxxxxxxxxxxxxx			Information					
Xxxxxxxxxxxxxxxx	000000000000000000000000000000000000000		Invoice No.		3000000	***		
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	α		Reference No.	XXXXXX				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Invoice Date		*******	MAA.		
			Customer PO No					
Europe Andre Con		_	Customer PO Da					
Ship To		-	Order Ack No./D				***	
Xxxxxxxxxxxxxxxxxxxx					XX.XX.XXXX			
	0000X	Pack Slip No./Da	ĸe			XX.XX.XXXX		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			GR No.					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Customer Code		XXXXXXXX			
			Contact					
		_	Place of Supply		3000000	, xxx		
Bill To Tax id	Ship To Tax id		S					
GSTIN: xxxxxxxxxxx	GSTIN: xxxxxxxxxxxxxxxxx	xx	Consignor's Det	ails				
No. xxxxxx PAN No.xxxxxxxxxxxxx			PAN No.		XXXXXXXX			
	1704140/2000/2000		TAN No.		3000000	000		
Additional Information								
Currency	INR		OutboundDelive	eryNo				
Incoterm	FCA		Total Quantity		3000.300	×		
			No. of Boxes					
Freight Terms	Paid		Gross Weight					
Lorry No.	Paid xxxxxxxxxx		Gross Weight Net Weight					
Lorry No. Payment Terms xx xx xxx xxx xxx	XXXXXXXXXX	OXXXXXXX	Net Weight E Way Bill		200000	0000000X		
Lorry No. Payment Terms xx xx xxx xxx xxx xxx xxx xxx xxx xxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UoM	Net Weight E Way Bill	Disc.			Tax Amount	
Lorry No. Payment Terms xx xx xxx xxx xxx xxx xxx xxx xxx xxx	XXXXXXXXXX XXXXXXXXXX XXXXXXXXXXXXXXXX		Net Weight E Way Bill	Disc.	Net Amount		Tax Amount	
Lorry No. Payment Terms xx xx xxx xxx xxx xxx xxx xxx xxx xxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Net Weight E Way Bill	Disc.	Net Amount			
Lorry No. Payment Terms xx xx xxx xxx xxx xxx xxx xxx xxx xxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	UoM	Net Weight E Way Bill xxxxxxxxxxxx Unit Price	Disc.	Net Amount	Tax Rate		
Lorry No. Payment Terms XX XX XXX XXX XXX XXX XXX XXX XXX XXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	UoM EA	Net Weight E Way Bill xxxxxxxxxxx Unit Price xxx.xx	Disc.	Net Amount	Tax Rate	XXX.XX	
Lorry No. Payment Terms 30X XX X0X XXX IRN No. XXXXXXXXXX Remarks Item Material Number/ Description of the Material Number/ Descriptio	cription/ Quantity xx.xx xxxx xxxx xxxx xxxx xxxx xxxx xxxx	UoM	Net Weight E Way Bill xxxxxxxxxxxx Unit Price	Disc.	Net Amount	Tax Rate	XXX.XX	
Lorry No. Payment Terms 30X XX X0X XXX IRN No. XXXXXXXXXX Remarks Item Material Number/ Description of the Material Number/ Descriptio	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	UoM EA	Net Weight E Way Bill xxxxxxxxxxx Unit Price xxx.xx	Disc.	Net Amount	Tax Rate	XXX.XX	
Lorry No. Payment Terms XX XX XXX XXX XXX XXX XXX XXX XXX XXX	cription/ Quantity xx.xx xxxx xxxx xxxx xxxx xxxx xxxx xxxx	UoM EA	Net Weight E Way Bill xxxxxxxxxxx Unit Price xxx.xx	Disc.	Net Amount xxxxxxxx	Tax Rate	XXX.XX	
Lorry No. Payment Terms 30X XX X0X XXX IRN No. X0XXXXXXXX Remarks Item Material Number/ Description of the Material Number/ Descriptio	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	UoM EA EA	Net Weight E Way Bill XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Disc.	Net Amount xxxxxxxx	Tax Rate XX.XXX%	XXX.XX	
Lorry No. Payment Terms XX XX XXX XXX IRN No. XXXXXXXXX Remarks Item Material Number/ Description of the Material Number/ Description	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	UoM EA EA	Net Weight E Way Bill XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Disc.	Net Amount XXXX.XX XXXX.XX	Tax Rate XX.XXX%	XXX.XX XXX.XX	
Lorry No. Payment Terms	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UoM EA EA	Net Weight E Way Bill XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Disc.	Net Amount XXXX.XX XXXX.XX	Tax Rate XXLXXX% XXLXXXX% XXLXXXX%	XXX.XX XXX.XX	
Lorry No. Payment Terms 30X XXX XXXX XXX XXX XXX XXX XXX XXX XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UoM EA EA	Net Weight E Way Bill XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Disc.	Net Amount XXXX.XX XXXX.XX	Tax Rate XXLXXX% XXLXXXX% XXLXXXX%	XXX.XX XXX.XX	
Lorry No. Payment Terms 30X XXX XXXX XXX XXX XXX XXX XXX XXX XX	Cription/ Quantity XX.XX XXXXX XXXXX XXXX XXXX XXXX XXXX	UoM EA EA	Net Weight E Way Bill XXXXXXXXXXX XXX.XX XXX.XX	Disc.	Net Amount XXXX.XX XXXX.XX	Tax Rate XX.XXX% XX.XXX% XX.XXXX%	XXX.XX XXX.XX XXX.XX	
Lorry No. Payment Terms	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UoM EA EA	Net Weight E Way Bill XXXXXXXXXXX XXX.XX XXX.XX	Disc.	Net Amount XXXX.XX XXXX.XX	Tax Rate XXLXXX% XXLXXXX% XXLXXXX%	XXX.XX XXX.XX XXX.XX	
Lorry No. Payment Terms	Cription/ Quantity XX.XX XXXXX XXXXX XXXX XXXX XXXX XXXX	UoM EA EA	Net Weight E Way Bill XXXXXXXXXXX XXX.XX XXX.XX	Disc.	Net Amount XXXX.XX XXXX.XX	Tax Rate XX.XXX% XX.XXX% XX.XXXX%	XXX.XX XXX.XX XXX.XX	
Lorry No. Payment Terms	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UoM EA EA	Net Weight E Way Bill XXXXXXXXXXX XXX.XX XXX.XX	Disc.	Net Amount XXXX.XX XXXX.XX	Tax Rate XX.XXX% XX.XXX% XX.XXXX%	XXX.XX XXX.XX XXX.XX	

Xxxxxx, xxxxxxxxxxxxxxx, xxxxxxxxxxx

GR NO. xxxxx

GST NO	XXXX			HSN No.	XXXX		
PAN NO.	XXXX			Phone No.	XXXX		
Delivery No.	XXXX			Email	XXXX		
Consignment No.	xxxx	Loa	ding Station	xxxx	Vehicle No.	xxxx	
Consignment Name	XXXX Delivery Stati		ivery Station	xxxx	Load Type	xxxx	
Consignor Name	xxxx			Consignee Name	xxxx		
Consignor Address	xxxx			Consignee Address	XXXX		
Said to Contain							
Product	No. of Packa	ge	Packing	Value of Goods(INR)	ST Form No.	ST Form Data	
XXXX	xxxx		XXXX		xxxx	xxxx	
S. J. S. Delli			Damarka		Woight		
Consignee Deliv	ery Acknowled	gement	Kemarks		Weight		
					Net weight	xxxxxx	
					Loading Detai	ls	
					xxxxxx	xxxxxx	
					Consignor nan	ne & sign.	
					Driver name &	t sign.	
					Consignee Nar	ne & sign.	
		In Case Any	Shortage and Damage in Produ	ct Please Contact :- xxxxxxxx, xxxxx			
		, , , , ,					

GREEN PAGE

Green Form

GR Number

XXXXXXX

Date

xx/xx/xxxx

DL No.

XXXXXX

Driver Name

XXXXXX

Source Email

XXXXXX

Source Number

XXXXXX

Destination Email

XXXXXX

Destination Number

XXXXXXX

Driver Information

License Number

XXXXXXX

Driver Name

XXXXXXX

State

XXXXXXX

Date of Birth

xxxxxxx

Permanent Address

XXXXXX

Expiration Date

XXXXXXX

Vehicle Information

Registration Date

XXXXXXX

Owner Name

XXXXXXX

Vechicle Category

XXXXXX

Permanent Address

XXXXXXX

Chassis Number

XXXXXX

Engine Number

XXXXXXX

Insurance Policy Number

XXXXXX

Insurance Validity Till

xx/xx/xxxx

Fitness Validity

XXXXXX

TRANSPORTET	m :-	XXXX

DATE OF REPORTING :- XX/XX/XXXX

GMN No. 12345

TRANSPORTER NAME :- XXXX

DELIVERY DATE :- XX/XX/XXXX

GR DATE :- XX/XX/XXXX

GR NO :- XXXXX

From		To	V	ia Station	Mode	Vehicle No.	Vehicle Type
XXXXXXXXXXXX	XXXX	xxxx			XXXX	XXXXXX	XXXXXX
E-way Bill No.				Insurance	E-Way Bill Date	Valid Upto	Seal No.
XXXXXXXXXXX					Xx/xx/xxxx	Xx/xx/xxxx	
onsignor's Name &	Address			Consignee's Name	& Address		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	State	xx xxxxxx		State GSTIN: Mobile No.	XX : XXXXXXXXXXXXXX	
Qty./ No. of Pairs Pkgs	Type of Pkgs.	Contents	Invoice No.	Invoice	Invoice Value	Rate	Freigi
x xx	XXX	XXXXXXXXX	XXXXXXXX	xx/xx/xxxx	XXX,YX,XX		
Dimensions Weight	:- xx	XXXXXXXXXXXX	Weight:- xxxxxx				
2000 - 2011 - 2000 - 20		10-4527		Total:	XXXXXXXX	-	
P	ayment Te	rms	GST	Туре	XXXXXXXX	xxxxxxxxxxxx	x
Cash To Pay	To Be	At Branch	xxxx	xxxxxx	Prepared By	XXXXXXXXXXXXX	

AT OWNER RISK

IBA CODE :DLT-XXX