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

Extended

Type: xxxxxxxxxxxxx

Approx Distance: xxxm

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)

XX:XX PCS

XX:XX

PCS

XXXXX.XX

XXXX+XXXX+XXXX+XXXX+XXX

XXXX+XXXX+XXXX+XXXX+XXX

XX:XX PCS

XX:XX

XXXXXX

XXXXXX

XXXX+XXXX+XXXX+XXXX+XXX

PCS XX:XX PCS

XXXXXX

XXXX+XXXX+XXXX+XXXX+XXX XXXXXX

XXXX+XXXX+XXXX+XXX

XXXX+XXXX+XXXX+XXXX+XXX

XX:XX

XX:XX PCS

PCS

XX:XX PCS

XXXXXX

XXXXXX

XXXXX.XX

XXXXX.XX

XXXX+XXXX+XXXX+XXXX

XXXX+XXXX+XXXX+XXXX+XXX XXXX+XXXX+XXXX+XXX

Tot. Tax'ble Amt

CGST Amt SGST Amt IGST Amt

XX:XX PCS CESS Amt

CESS Non.Advol Amt

Other Amt

...

Total Inv.Amt

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	XXXXXXXXXX & XX/XX/XXX	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-way Bill No.					Insurance E-Way Bill D		Valid Upto	Seal No.	
XXXX	XXXXXX						Xx/xx/xxxx	Xx/xx/xxxx	
Consignor'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 :	*******		
Payment Terms					GST Type		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	Invoice No.			***************************************				
Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Reference No.							
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Invoice Date		*******	XXXXXXXXX				
	Customer PO No.							
Europe Andre Con		Customer PO No.						
Ship To		0-1-1-1-1-0-1-1						
Xxxxxxxxxxxxxxxxxxx						XX.XX.XXXX		
	Pack Slip No./Da	ĸe	XX.XX.XX					
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. xxxxxxx	PAN No.xxxxxxxxxxxxxxxxx	7-1-1	PAN No.		2000000	XX		
	1704140/2000/2000		TAN No.		3000000	000		
Additional Information								
Currency	INR	1	OutboundDelive	eryNo				
Incoterm	FCA		Total Quantity		XXX.XXX			
			No. of Boxes					
				Gross Weight				
Freight Terms	Paid							
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	00000000		
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 Loading Station		ding Station	xxxx	Vehicle No.	xxxx	
Consignment Name	XXXX Delivery Station		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 &	sign.	
					Consignee Nar	ne & sign.	
		In Case Any	Shortage and Damage in Produ	ct Please Contact :- xxxxxxxx, xxxxx			
		, , , , ,					