

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: XX/XX/XXXX

Mode: xxxxxx

Approx Distance: xxxm

Extended

Type: xxxxxxxxxxxxxx

Document Details: XXXXXX XXXXXXXXXX - Transaction type: Regular  
XX/XX/XXXX

2.Address Details

From

GSTIN :XXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX  
  
:: Dispatch From ::  
XXXXXXXXXX  
XXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

To

GSTIN : XXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX  
  
:: Ship To ::  
XXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

3. Goods Details

HSN Code	Product Name & Desc.	Quantity	Taxable Amount Rs.	Tax Rate (C+S+I+Cess+Cess Non.Advol)
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX:XX PCS	XXXXX.XX	XXX+XXX+XXX+XXX+XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX:XX PCS	XXXXX.XX	XXX+XXX+XXX+XXX+XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX:XX PCS	XXXXX.XX	XXX+XXX+XXX+XXX+XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX:XX PCS	XXXXX.XX	XXX+XXX+XXX+XXX+XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX:XX PCS	XXXXX.XX	XXX+XXX+XXX+XXX+XXX
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XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX:XX PCS	XXXXX.XX	XXX+XXX+XXX+XXX+XXX
XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			

4. Transportation Details

Transporter ID & Name : XXXXXXXXXXXXXXXXXXXXXXXX

Transporter Doc. No & Date XXXXXX &  
XX/XX/XXXX

5. Vehicle Details

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

GMN NO. 12345

From	To	Via Station	Mode	Vehicle No.	Vehicle Type			
XXXXXXXXXXXXXX	XXXX		XXXX	XXXXXX	XXXXXX			
E-way Bill No.			Insurance	E-Way Bill Date	Valid Upto			
XXXXXXXXXX				Xx/xx/xxxx	Xx/xx/xxxx			
Consignor's Name & Address			Consignee's Name & Address					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXX State XX XX GSTIN : XXXXXXXXXXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX State XX GSTIN : Mobile No. : XXXXXXXXXXXXXXX					
Qty./ Pairs	No. of Pkgs	Type of Pkgs.	Contents	Invoice No.	Invoice Date	Invoice Value	Rate	Freight
X	XX	XXX	XXXXXXXXXX	XXXXXXXXXX	Xx/xx/xxxx	xxx,xx,xx		
Dimensions Weight :-			XXXXXXXXXXXX	Weight:- XXXXX		Total : XXXXXXX		
Payment Terms			GST Type		XXXXXXXXXXXXXXXXXXXXX			
Cash	To Pay	To Be	At Branch	XXXXXXXXXXXX		Prepared By XXXXXXXXXXXXXXX		
<input checked="" type="checkbox"/> XXXXXXXXXXXXX								
REMARKS Invoice no-XXXXXXXX								

THIS IS ELECTRONICALLY SYSTEM GENERATED & AUTHORISED E-CONSIGNMENT NOTE INTENDED FOR CONSIGNOR'S ONLY

AT OWNER RISK

IBA CODE :DLT-xxx



**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	XXXX	Vehicle No.	XXXX
Consignment Name	XXXX	Delivery Station	XXXX	Load Type	XXXX
Consignor Name	XXXX	Consignee Name	XXXX		
Consignor Address	XXXX	Consignee Address	XXXX		
Said to Contain					
Product	No. of Package	Packing	Value of Goods(INR)	ST Form No.	ST Form Data
XXXX	XXXX	XXXX		XXXX	XXXX
Consignee Delivery Acknowledgement Remarks				Weight	
				Net weight	xxxxxx
				Loading Details	
				xxxxxxx	xxxxxxx
				Consignor name & sign.	
				Driver name & sign.	
				Consignee Name & sign.	

In Case Any Shortage and Damage in Product Please Contact :- xxxxxxxx, xxxxxx