|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Page No. 1 of 1 | |  | **Transport Bill** Original Copy | | | | | | | | | |
| **Company Name (Shop Name)**  **Address**: New Delhi, Delhi, 110058, India.  **Mobile**: +91 XXXXXXXXXX |  **Email:** [XXXXXXXXXXXXXXXXX](mailto:mymail@gmail.com)  **GSTIN** - XXXXXXXXXXXXXXX | **PAN** – XXXXXXXXXX | | | | | **Invoice Number**  0004/25-26 | | | | | **Invoice Date**  13-07-2025 | | |
| **Place of Supply**  07 - Delhi | | | | | **Due date**  28-07-2025 | | |
| **Reverse Charge**  No | | | | | | | |
| **Transporter Details** | | | | | | | | | | | | |
| **Transporter Name -** | | | | |  | | | | | | | |
| **Vehicle No.** | | | | |  | | | | | | | |
| **Transporter Doc No.** | | | | |  | | | | | | | |
| **Transporter Doc Date** | | | | |  | | | | | | | |
| **E-Way Bill No.** | | | | |  | | | | | | | |
| **E-Way Bill Date** | | | | |  | | | | | | | |
| **IRN-** xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | **Ack No.-** xxxxxxxxxxxxxxxx | **Ack Date-** 2025-04-22 | | | | | | | | | | | | |
| **Billing Details**  **Name:**  **Address:** New Delhi, Delhi, 110058, India.    **Mobile:** +91 xxxxxxxxxx | **Email:** Add email Id | | | | | **Shipping Details**  **Name:**  **Address:** New Delhi, Delhi, 110058, India.    **Mobile:** +91 xxxxxxxxxx | **Email:** Add email Id | | | | | | | |
| **Sr.** | **Item Description** | | **HSN** | **Qty** | | **Unit** | **List Price** | | **Disc.** | | **Tax %** | **Amount (₹)** |
| 1 | Product 01 | | 1234  32345  8765  8769 | 1.00 | | Box | 200.00 | | 20  30  40  50 | | 0.00 | 200.00 |
| 2 | Product 02 | | 1.00 | | Box | 0.00 | | 0.00 | 0.00 |
| 3 | Product 03 | | 1.00 | | Box | 0.00 | | 0.00 | 0.00 |
| 4 | Product 04 | | 1.00 | | Box | 0.00 | | 0.00 | 0.00 |
|  | Rounded Off (+) |  | + 0.00 | | | | | | | | | |
| Total | |  | 200.00 | | | | | | | | | |
| **Amount in Woirds - Rs. Two Hundred Only** | | | | | | | | | | | | |
| **Terms and Conditions** | |  | | | | | |  | | | | |
|  | | **UPI Id –** Add UPI ID | | | | | | **Pay For – Company Name** | | | | |
|  | |  | | | | | |  | | | | |
|  | |  | | | | | | **Signature** | | | | |