FORM VAT-39

[See rule 67]

TRANSPORT RECEIPT (TR/GR)

Sr. No _____ Date __ __ / __ __ / 2 0 __ __

From _____ To _____

Delivery From _____ Delivery at _____

Name of Consignor with complete address _____

Registration Number : VRN/TRN: _____

CST No. : _____

Name of Consignee with complete address _____

Registration Number : VRN/TRN: _____

CST No. : _____

No. of Packing	Method of packing	Contents as declared	Value	Private Mark if any	Weight		Rate	Total Freight		Freight		Remarks
					Actual	Charged		Rs.	P.	Paid	To Pay	
					Q.-Kgs	Q.-Kgs						
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.

Signature of the Manager / Booking Clerk

Name of Transport Company / Booking Agency