

[Your Business Name]

[Business address, City, State – PIN]
GSTIN: [Your GSTIN] Phone: []

DELIVERY CHALLAN

Challan No: _____

Date: _____

Vehicle No: _____

SHIP TO (CONSIGNEE)

[Name]

[Address, City, State]

GSTIN: []

Reason for transport: []

S.No	Item / Description	HSN/SAC	Qty	Unit
1				
2				
3				
4				
5				
6				
7				
8				

Received the above goods in good condition.

Receiver's Signature

For [Your Business Name] — Authorised Signatory