

FREIGHT BILL (TRANSPORT BILL)

Transporter: name, address, phone, GSTIN, PAN

Original for party / Duplicate for transporter

BILL NO.	DATE	BILLING PERIOD
PLACE OF SUPPLY	SAC	TAX ON REVERSE CHARGE

TRANSPORTER (BILL FROM)	PARTY (BILL TO)
-------------------------	-----------------

LR NO.	LR DATE	FROM - TO	VEHICLE NO.	QTY (TON / TRIP / KM)	RATE	FREIGHT AMOUNT	GST %	TAX AMOUNT

Total freight (taxable)	
CGST	
SGST	
IGST	
Bill total	

NOTES

Bank details: _____ Payment due within ____ days.

Received by (party)

For the transporter: authorised signatory