

FORM VAT-XIX

[See rule 53(3)]

RETAIL INVOICE

**FOR PURCHASER
SELLER'S COPY**

Name: _____
Address: _____

Telephone Number	Fax Number	E-mail Address

Serial No.			Date																
			TIN																
			Valid From:																

Purchaser's Particulars:

Name: _____
Address: _____
TIN: _____

Sl.No.	Qty.	Description of goods	Price per unit	Value of goods			
				1%	4%	12.5%	Total
1.							
2.							
3.							
Total of 1 to 3 (Price of goods without VAT)							
Value Added Tax							
Total price (price of goods + VAT)							

GR No.	
Name and address of Transport Co.	

Signature of the dealer
or authorised agent (with seal)

Status: Tick (✓) applicable [Karta, proprietor, partner, director, president, secretary, manager, authorised agent]

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