

[Your Business Name]

DELIVERY CHALLAN

Address: _____

Phone: _____

Challan No.: _____

Date: _____

Deliver to: _____

Phone: _____

Address: _____

Vehicle no.: _____

S.No	Description	Qty	Unit	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Goods to be checked at the time of delivery.

Total quantity

Received in good condition by

Delivered by