SALES RETURN VOUCHER

INTRASTATE TRANSACTIONS ONLY

State:
State Code:

Voucher No:		**Date of Return:**	
Original Invoice No:		**Original Invoice Date:**	
Customer GSTIN/Unique ID:		**Seller GSTIN:**	

BILLING DETAILS (CUSTOMER)

Name:
Address:

State:
State Code:

SHIPPING DETAILS (FROM STATE)

Name:
Address:

State:
State Code:

S.NO	PRODUCT DESCRIPTION	HSN CODE	QTY	UNIT RATE	TAXABLE VALUE	SGST RATE	SGST AMT	CGST RATE	CGST AMT	TOTAL AMOUNT
1										
2										
3										
4										

Total Taxable Value:	
Total SGST:	
Total CGST:	
Grand Total:	

Reason for Return / Remarks:

Prepared By

Checked By

Authorized Signatory