

GOVERNMENT OF ANDHRA PRADESH  
COMMERCIAL TAXES DEPARTMENT

**FORM VAT 311**

**AUDIT REFERENCE FORM**

Date    Month    Year

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Issuing officer \_\_\_\_\_

Receiving office \_\_\_\_\_

Status of reference

\* Urgent

\* Routine

Delete as appropriate

Name of VAT dealer audited :

TIN																	
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Address: \_\_\_\_\_

\_\_\_\_\_

Name of the dealer referred:

TIN / GRN:

Details of invoice(s) to be audited are listed below:

These invoices are inputs / outputs to my dealer (delete as appropriate)

Date	Invoice No	Description of goods	Net value	VAT	Receiving officers remarks

Issuing officer	Reply from receiving officer
Issuing officer name Signature Date	Receiving officer name Signature Date

Comments: