

# FORM VAT-XIX

[See rule 53(3) of the Himachal Pradesh Value Added Tax Rules, 2005]

## 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 & 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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