

# FORM - XXI

Department of Commercial Taxes, Government of Uttar Pradesh

[See rule-40(1) of the UPVAT Rules, 2008]

## Transport Memo

Sl. No.....

[Original copy-for transporter]

(To be filled in by the Commercial Tax Department)

TIN

w.e.f.

1- Seal of Issuing Officer - .....

2- Date of Issue - .....

(To be filled in by the consignor/selling dealer)

Name and Address of Consignor	<input type="text"/>
Phone No., if any	<input type="text"/>
TIN	<input type="text"/> w.e.f. <input type="text"/>

Name and Address of Consignee of goods	<input type="text"/>
Phone No., if any	<input type="text"/>
TIN	<input type="text"/> w.e.f. <input type="text"/>

Sl No.	Detail of goods received by transporter from the consignor	Punch here
1.	Number & Date of Tax Invoice / Sale Invoice / Bill / Cash Memo / Purchase Invoice / Transfer Challan-	1 <input type="radio"/>
2.	Name of goods	2 <input type="radio"/>
3.	No. of packets / bags / cases	3 <input type="radio"/>
4.	Weight / measurement	4 <input type="radio"/>
5.	Value of goods	5 <input type="radio"/>
6.	Punch the appropriate circle given on the side : (1) for value up to Rs. 50,000, (2) for goods of value from Rs 50,001 to 1,00,000, (3) for goods of value from Rs. 1,00,001 to 5,00,000, (4) for goods of value from Rs. 5,00,001 to 10,00,000 and (5) for goods of value aboveRs 10,00,000	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 5px;">3 <input type="radio"/></div> <div style="margin-bottom: 5px;">4 <input type="radio"/></div> <div>5 <input type="radio"/></div> </div>

Date- .....

Place-.....

Signature of Consignor / Selling Dealer or  
authorized representative

[To be filled in by the owner / Driver / Person in charge of Vehicle, if found unfilled goods will be seized]

Name and Address of Transporter, carrier or forwarding agent	<input type="text"/>
Phone No. if any	<input type="text"/>

Service Provider Number

w.e.f.

1- Goods receipt Time & date and Place .....

2- Vehicle No. ....

3- Private Marka written by Transport co on the packages / packets -.....

4- Place from where the goods were loaded-.....

5- Time and date of starting of journey by the vehicle-.....

Signature of Owner or authorized  
representative of Transport co.

