

FORM VAT-24
[See rule 39(6)]

RECEIPT SCHEDULE

Receipt No	Date	Name and address of payer	Amount paid in Form		Remarks
			VAT-15	VAT-22	
1	2	3	4	5	6

Total amount received during the month

Signature of Treasury Officer

Dy. Commissioner Commercial Taxes.

Total amount received during the month

Signature of Treasury Officer
Dy. Commissioner Commercial Taxes