WEIGHMENT SLIP

Weighbridge name, address, phone, GSTIN

Slip no. _____

Vehicle no.		**Date**	
Party / company			
Material		**Charge**	

Gross weight (kg)		**Date & time**	
Tare weight (kg)		**Date & time**	
Net weight (kg)	Gross − Tare		

Remarks	

Driver signature

Operator signature

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