

REFUND VOUCHER

FORM 500

COMMERCIAL TAXES COUNTER FOIL REFUNDS

BOOK No: VOUCHER No:

HEADOFFICE _____ DIVISION _____

CIRCLE: _____ DISTRICT _____

Counter foil for the refund of _____

Tax / Penalty / Interest / Others (Tick (✓) which is applicable)

Refund payable to _____

Refund sanctioned in pursuance of excess input tax credit / Assessment / Appeal / Revision / Purchases made by agencies of UNO/ Government. Notification / On cancellation Registration. etc., _____

Date of sanction Order _____

Amount of Refund Rs. _____

(Rupees _____)

Particulars of amount (Tax / Penalty / Interest / Others) and date of collections according to the office record.

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Initials of Issuing Authority:

Signature of the recipient on the voucher

Date of encashment in the Treasury

REFUND VOUCHER

FORM 500

COMMERCIAL TAXES REFUNDS FOIL

BOOK No: VOUCHER No:

HEAD OFFICE: _____ DIVISION _____

CIRCLE _____ DISTRICT _____

Order for refund of _____ Tax / Penalty / Interest / Others

Payable at the Treasury within Three months of the date of issue.

To

The Treasury Officer _____

1. Certified that, with reference to this office record in pursuance of _____ (excess input tax credit / Assessment / Appeal/Revision Purchases made by agencies of UNO/Govt. Notification / On cancellation of Registration etc., ___ Sanction Order No: _____ Dated _____ a refund of Rs. _____ (Rupees _____) is due to _____
2. Certified that the Tax / Penalty / Interest / Others _____ which this refund is given has been credited in the Treasury.
3. Certified that no refund order regarding the sum now in question has been previously been granted and this order has been entered in the Original file of this office record under my signature.

Please pay to _____ the sum of Rs. _____ (Rupees _____) on account of the above refund.

Date _____

Signature of the Officer,

Place: _____

Designation, Stamp & Seal

Receipt payment Pay Rs.only.

Received payment

Claimant's Signature