FORM VAT-XXXV

[See rule 75(2) (ii)]

REFUND ADJUSTMENT ORDER

RAO Serial Number: _____

Place _____ District _____

Dealer's name :
Address of the firm _____

TIN _____ Date : _____

Gross amount approved for refund _____

Amount approved for adjustment as per this order _____

Date of approval __/__/20__

Return in which adjustment allowed _____

Date of filing the return __/__/20__

Validity of RAO __/__/20__

Assessing Authority,

Date: __/__/20__ District _____

(Seal)

FOR OFFICE USE ONLY

CONFIRMATION OF REFUND AUTHORISED
Date of Approval _____
Amount _____

Refund payment order _____
Date: _____
Amount _____
Date of refund order __/__/20__

Asstt. Excise and Taxation Commissioner/ Excise and Taxation Officer Incharge, District _____

Assessing Authority,