## GOVERNMENT OF ANDHRA PRADESH COMMERCIAL TAXES DEPARTMENT

**FORM VAT 311** 

## **AUDIT REFERENCE FORM**

					Date M	onth Year
Issuing	officer——					
Receivi	ing office——					
Status of reference * Ur			gent	t *Routine		
Delete	as appropriate					
Name o	of VAT dealer a	audited :				
Addres	ss: ———					
Details	, ,	referred: o be audited are listed b		as appropri	TIN / GRN:	
Date	Invoice No Description of goods Net		1			
Issuing officer			Reply from receiving officer			
Issuing officer name Signature			Receivir Signatur	ng officer na re	me	

Comments: