

**FORM VAT-30**  
[ See rule 52 ]  
**REFUND VOUCHER**

Serial Number:

Place:  District

Registration No:  Date:  /  / 20

Firm name : **M/s**  
Address:

Date of application:  /  / 20

Return period From  /  / 20 To  /  / 20

Amount of refund	<b>Rs.</b>
Interest due in case of delayed payment of refund or decision resulting from acceptance of appeal:	<b>Rs.</b>

Approved for payment of refund Rs.

Date of approval  /  / 20

Amount of set off Rs.

Amount withheld under Section 41 Rs.

Total amount of refund available by virtue of this authorization.   
Rs.

Date:  /  / 20

**ASSTT. EXCISE AND TAXATION COMMISSIONER**

District :

Information Collection Centre :

**FORM VAT-30 A**  
[ See rule 52 ]

**REFUND ADJUSTMENT ORDER**

RAO Serial Number:

Place:  District

Firm name :

Address of the firm

Registration No:  Date:  /  / **2 0**

Return details :

Period :(Month & Year)

Date of filing the return:  /  / **2 0**

Amount claimed for refund

Amount approved for payment after recovery under Section ---

Date of approval  /  / **2 0**

Validity of RAO :  /  / **2 0**

**Designated officer**

**FOR OFFICE USE ONLY**

**CONFIRMATION OF REFUND  
AUTHORISED**

Date of Approval \_\_\_\_\_

Amount \_\_\_\_\_

Interest, if any, U/s --- \_\_\_\_\_

Refund Voucher No.: \_\_\_\_\_

Dated : \_\_\_\_\_

Amount: \_\_\_\_\_

Date refund Voucher Issued

/  / **2 0**

**Asstt. Excise &Taxation Commissioner**  
District \_\_\_\_\_

**Designated officer**

# FORM VAT-30 B

[ See rule 52 ]

## Register of applications for Refund of Tax

Year \_\_\_\_\_

District \_\_\_\_\_

Sr.No.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.
		Name & Address of the person	VRN/TRN Number of the person	Date of application for refund	Date of order of assessment or where an appeal is preferred, the date of passing of order by the appellate authority	Period of assessment for which refund is claimed	Amount of refund applied for	Amount, if any, ordered to be refunded	Name and designation of the officer allowing the refund	Method of refund	Number and date of issue of Refund Voucher or Refund Adjustment Order	Signature of the officer issuing order	Period of assessment towards which the adjustment is made	Remarks



