

GATE PASS

My Chitti School

VEHICLE NO.:

DATE: 2025-12-18

DRIVER NAME:

PASS NO: SG_001

DRIVER PHONE:

SALES PERSON:

DRIVER ADDRESS:

REFERENCE INVOICE:

ROUTE: _____

ITEMS DETAILS

S.NO	QTY	ITEM NAME	MRP	STOCK	RETURN	RATE	AMOUNT
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Total Quantity: 0

TOTAL AMOUNT: ₹0.00

Prepared By

Checked By

Approved By