Dealer Claim Form

Claim date: _____

Claiming firm: _____

Mobile number: _____

Seller name: _____

Invoice number: _____

Invoice date: _____

Item	Quantity	Amount (₹)

Attach a clear copy of the invoice.

I have not claimed this invoice before.

Signature: _____

Office use

Checked by: _____

Approved or rejected: _____

Points given: _____

Reason if rejected: _____