

S/No.....

COMPANY:

Physical Address:

P.O. BOX:

Tel:

### OFF/LOADING WEIGHT NOTE

Name of Crop			
Date	PDN/Order No	Truck Number	Name of Depositor/Buyer

FULL	EMPTY	GROSS	BAGS	TARE	NET
15,000	5,000	10,000	125	125	9,875
15,000	5000	10,000	200	20	9,980

Remarks .....

Weigh bridge operator .....

Depositor/ Representative.....

Signature.....

signature.....