FORM I.D. 22

Name of Supply Contractor _____
Statement of excess transit wastages in drugs in the warehouse at

Kind of drug .... Bhang

Number of package	Date of despatch	Date of receipt	Gross weight on despatch		Gross weight on receipt		Total transit wastage		Quantity allowable		Quantity chargeable		Rate of duty per Kg.	Amount of duty chargeable		Remarks
1	2	3	4		5		6		7		8		9	10		11
			Kgs.	Gram.	Kgs.	Gram.	Kgs.	Gram.	Kgs.	Gram.	Kgs.	Gram.		Rs.	P.	

(REVERSE)

Excise Inspector's explanation about the wastage	Contractor's Explanation	Assistant Excise commissioner's criticisms of the explanations noted in columns 1and 2 and his final recommendation	Orders of the Excise commissioner
1	2	3	4

NOTE :- Kg = Kilogram
Gr = Gram