

Name of Taxpayer/Claimant
SCHEDULE OF IMPORTATIONS
 For the Month/Quarter Period from _____ to _____

Reference		Name of Supplier	Country of Origin	IEIRD/ SAD No.	Date of Arrival	Commercial Invoice No.	Date of Commercial Invoice	Item Description	Total Value Subject to VAT	VAT Payment	SSDT/ BOC OR No.	SSDT/BOC OR Date
Folder No.	Page No.											
Total												

Note: The total VAT payments should tally with the input VAT claimed on importations per monthly VAT Declarations and/or quarterly VAT return

