

**Government of India/State
Department of**

*Form GST INV - 1
(See Rule -----)*

Application for Electronic Reference Number of an Invoice

1. GSTIN
2. Name
3. Address
4. Serial No. of Invoice
5. Date of Invoice

Details of Receiver (Billed to)

Name
Address
State
State Code
GSTIN/Unique ID

Details of Consignee (Shipped to)

Name
Address
State
State Code
GSTIN/Unique ID

| Sr. No. | Description of Goods | HS N | Qty. | Unit | Rate (per item) | Total | Discount | Taxable value | CGST | | SGST | | IGST | |
|---|--------------------------------|------|------|------|-----------------|-------|----------|---------------|------|------|------|------|------|------|
| | | | | | | | | | Rate | Amt. | Rate | Amt. | Rate | Amt. |
| | | | | | | | | | | | | | | |
| | Freight | | | | | | | | | | | | | |
| | Insurance | | | | | | | | | | | | | |
| | Packing and Forwarding Charges | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | Total | | | | | | | | | |
| Total Invoice Value (In figure) | | | | | | | | | | | | | | |
| Total Invoice Value (In Words) | | | | | | | | | | | | | | |
| Amount of Tax subject to Reverse Charges | | | | | | | | | | | | | | |

Declaration:

Signatory

Electronic Reference Number

Signature

Name of the

Designation / Status

Date -

