

**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													
					<b>Total</b>									
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 -**