

**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 n of Goods	HS N	Qty.	Uni t	Rate (per item )	Tota l	Discoun t	Taxabl e 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:

Signature

Signatory

Name of the

Designation / Status

**Electronic Reference Number**

**Date -**