Annexure-B
Statement of invoices to be submitted with application for refund of unutilized ITC

Sr.	GSTIN	Name of	Invoice Details			Category of input supplies		Centr	State	Integrate	Cess	Eligible	Amount
No	of the	the						al Tax	Tax/	d Tax		for ITC	of eligible
	Supplie	Supplier							Union				ITC
	r								Territory				
									Tax				
			Invo	Dat	Value	Inputs/Input	HSN/SAC					Yes/No/Pa	
			ice	e		Services/cap						rtially	
			No.			ital goods							
1	2	3	4	5	6	7	8	9	10	11	12	13	14