## **INVOICE**



Invoice #: MIT/2013-14/SYSTEM/035

Invoice Date: 30-Sep-13

**BILL TO:** 

Test Client

**TEST COUNTRY** 

	Order # Order Date Project fr		om: Copy To:				
Sr.No		Services	Q	uantity	Unit Price	Per	Amount
				T		TOTAL	
Please Pay From This Invoice  Customer's duly authorized signature below is an agreement that the above described work has been received and accepted by Customer. Customer assures payment of this invoice. Any discrepancy in the invoice is to be reported within 7 days from the date of receiving this invoice.				In Words: ZERO AUD ONLY			
	nt Dotaile				PAY THIS	AMOUNT (\$)	\$ 0.00

**Payment Details:** 

Payment should be transferred to:

CITI Bank N.A.

A/c. No.9941997093 Routing No. 021000089 MADHVI BHANDARI CHIEF OPERATING OFFICER

\*----THE PERSON SIGNING THIS INVOICE ON BEHALF OF CUSTOMER REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO DO SO.----\*

Received and Accepted By:	Thank You For Your Business!	Date: