## **INVOICE**

**Invoice #:** MIT/2014-15/EDD/011



36 East 12th Street, Suite # 402 New York, NY 10003. Phone:914-461-4342

**BILL TO:** 

Responsive Data Solutions 1331-H Street N.W WASHINGTON DC - 2005 USA

Invoice Date: 30-Apr-14

Order # Order Date		Project fro	om:	Сору То:			
r.No		Services		uantity	Unit Price	Per	Amount
1	asd			1.000	\$ 1.0000	Case/File	\$ 1.0
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			TOTAL \$ 1.				
sures	s payment of this invoice	ed and accepted by Custom  E. Any discrepancy in the inv  Edate of receiving this invoi	oice is to be	In Words:	USD ONE ONLY		
				PAY THIS AMOUNT (\$) \$			\$ 1.0

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:	