INVOICE



Invoice #: MIT/2013-14/SYSTEM/030

Invoice Date: 30-Sep-13

BILL TO:

Test Client

TEST COUNTRY

	Order # Order Date Project		Project fro	om: Copy To:			
Sr.No		Services	0	uantity	Unit Price	Per	Amount
1	Test			5	\$ 500.00	GB	\$ 2500.00
2	Test2			150	\$ 20.00	Hour	\$ 3000.00
_					7 - 3333		,
Please Pay From This Invoice						TOTAL	\$ 5500.00
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: #NAME?			
					PAY THIS	AMOUNT (\$)	\$ 5500.00
Pavm	ent Details:						

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:	