

# INVOICE



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

**Invoice #:** MIT/2013-14/SYSTEM/031

**Invoice Date:** 30-Sep-13**BILL TO:**

Test Client

TEST COUNTRY

Order #		Order Date	Project from:	Copy To:		
Sr.No	Services		Quantity	Unit Price	Per	Amount
Please Pay From This Invoice			TOTAL		\$ 0.00	
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: ZERO AUD ONLY			
			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: \_\_\_\_\_