INVOICE



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

Payment should be transferred to:

CITI Bank N.A. A/c. No.9941997093

Routing No. 021000089

Invoice #: MIT/2014-15/EDD/016 Revised

MADHVI BHANDARI

CHIEF OPERATING OFFICER

Invoice Date: 07-Apr-15

Page 1 of 1

	Order # Order Date Project from		m:	Сору То:			
	51						
Sr.No		Services	Q	uantity	Unit Price	Per	Amount
1	Test Item			12.000	\$ 12.0000	Case/File	\$ 144.00
2	Attachment File			10.000	\$ 10.0000	Case/File	\$ 100.00
	Please Pa	y From This Invoice				TOTAL	\$ 244.00
describ assures	er's duly authorized signa ed work has been received payment of this invoice.	ture below is an agreemer d and accepted by Custom Any discrepancy in the inv date of receiving this involu	er. Customer oice is to be	In Words:	: USD TWO HUNDRE	1	·
					BAY TUT6	AMOUNT (\$)	\$ 244.00

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