INVOICE



Invoice #: MIT/2013-14/SYSTEM/028B

Invoice Date: 03-Oct-13

Phone:914-461-4342

BILL TO:

Test Client

TEST COUNTRY

	Order #	Order Date	Project fro	om:		Copy To:	
Sr.No		Services	0	uantity	Unit Price	Per	Amount
1	Here is test data			27.12	\$ 15.00	Hour	\$ 406.80
	Line3						
	Line5						
	Line7						
	Line9						
	Line11						
	Line13						
	Line15						
	Line17						
	LIne19						
	Line21						
	Line23						
	Line25						
2	Line27			15.00	\$ 2.00	Document	\$ 30.00
	Line 29 - should be in r	next line					
	Line 30						
3	Line31			155.00	\$ 45.00	GB	
4	Line 32			1.00	\$ 1.00	GB	
5	Line 33A Line 33B			15.00	\$ 21.00	Document	
	Please	Day From This Invoice				TOTAL	\$ 436.80
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: AUD FOUR HUNDRED THIRTY SIX & 80/100 ONLY				
					PAY THIS	AMOUNT (\$)	\$ 436.80

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: