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

Invoice Date: 31-Mar-15

Page 1 of 1

	Order # Order Date Project		Project fro	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 Pay From This Invoice						TOTAL	\$ 244.00
describ assures	ed work has been receive payment of this invoice.	ature below is an agreemer 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	ED FORTY FOUR OI	NLY
					DAV TUTE	AMOUNT (¢)	¢ 244 04
	ent Details:				PAY IHIS	AMOUNT (\$)	\$ 244.00

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.----\*