INVOICE



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

BILL TO:

D4 Discovery 222 Andrews StreetRochester NEW YORK - 14604 USA **Invoice #:** MIT/2014-15/EDD/294

Invoice Date: 31-Mar-15

Page 1 of 1

| | Order # | Order # Order Date Project from: | | m: | Copy To: | | | |
|--|---|----------------------------------|----------------------|------------------|--|--------------|------------|--|
| | | | Mention Below | | | | | |
| Sr.No | | Services | 0 | uantity | Unit Price | Per | Amount | |
| 1 | Data Processing Servi | | | 4.000 | \$ 1250.0000 | Person/Month | \$ 5000.00 | |
| 2 | Total Worked Hours - | 780.2 Hours | 1 | 140.200 | \$ 12.5000 | Hour | \$ 1752.50 | |
| | Billed Hours (640 Hrs) - 4 Person/Month | | | | | | | |
| | Additional Billable Hours - 140.2 Hrs (780.2 - 640) | | 640) | | | | | |
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| Please Pay From This Invoice | | | | TOTAL \$ 6752.50 | | | | |
| 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: USD SIX THOUSAND SEVEN HUNDRED FIFTY TWO & 50/100 ONLY | | | |

Payment Details:

Payment should be transferred to:

CITI Bank N.A.A/c No 9941997

A/c. No.9941997093 Routing No. 021000089 MADHVI BHANDARI CHIEF OPERATING OFFICER

\$ 6752.50

PAY THIS AMOUNT (\$)