## INVOICE

**Invoice #:** MIT/2014-15/EDD/005

Invoice Date: 30-Apr-14



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

Order # **Order Date** Project from: Copy To: Sr.No **Services** Quantity **Unit Price** Per **Amount** 1 sd 1.000 \$ 1.0000 Case/File \$ 1.00 **Please Pay From This Invoice** TOTAL \$ 1.00 Customer's duly authorized signature below is an agreement that the above described work has been received and accepted by Customer. Customer In Words: USD ONE ONLY assures payment of this invoice. Any discrepancy in the invoice is to be reported within 7 days from the date of receiving this invoice. **PAY THIS AMOUNT (\$)** \$ 1.00

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: