# INVOICE

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

**Invoice #:** MIT/2014-15/EDD/002
**Invoice Date:** 30-Apr-14

**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 | asd | 1.000 | $ 1.0000 | Case/File | $ 1.00 |

**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.

| | |
|---|---|
| **TOTAL** | **$ 1.00** |
| **In Words:** USD ONE ONLY | |
| **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: _____