INVOICE



Invoice #: MIT/2013-14/023 Invoice Date: 31-Aug-13

BILL TO:

Test Client

TEST COUNTRY

Order #		Order Date	Project from:		Copy To:		
	ABC001	9/27/2013					
Sr.No	S	ervices		Quantity	Unit Price	Per	Amount
Please Pay From This Invoice			TOTAL \$ 0.00				
describe	er's duly authorized signatured work has been received at payment of this invoice. Any dividing 7 days from the date	re below is an agreem nd accepted by Custo y discrepancy in the i	mer. Customer nvoice is to be	In Words:	ZERO AUD ONLY	,	
					PAY THIS	AMOUNT (\$)	\$ 0.00
D	nt Detailer					I	

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: