INVOICE

Invoice #: MIT/2013-14/SYSTEM/503

Invoice Date: 01-Dec-13



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

BILL TO:

Vantage Point Consulting, Inc. 308 Center Oaks Trail, Bay Shore NEW YORK - 11706 USA

Order #		Order Date	Project from:		Сору То:		
	ab002						
Sr.No		Services	Q	uantity	Unit Price	Per	Amount
1	Test						
Please Pay From This Invoice Customer's duly authorized signature below is an agreement that the above						TOTAL	\$ 0.00
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: ZERO USD ONLY				
					PAY THIS	AMOUNT (\$)	\$ 0.00

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: