## **INVOICE**



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

**BILL TO:** 

Test Mangalam Test AHMEDABAD, GUJARAT - 382443 INDIA Invoice #: MIT/2022-23/SYSTEM/006

Invoice Date: 31-Oct-22

Page 1 of 1

	Order #	Order Date	Project fro	m:		Copy To:		
	Test0123456	31-Oct-22	Jignesh I	М				
Sr.No		Services	Q	uantity	Unit Price	Per	Amount	
1	Test LI 6	-		4.000	\$ 25.00	HOUR	\$ 100.0	
	Diago D	Day From This Invoice				TOTAL	\$ 100.0	
Please Pay From This Invoice Customer's duly authorized signature below is an agreement that the above					101AL \$ 100.00			
described work has been received and accepted by Customer. Customer				In Words:	USD ONE HUNDRE	D ONLY		
assures	payment of this invoice	e. Any discrepancy in the invector of receiving this invoice date of receiving this invoi	voice is to be		OOD ONE HONDINE	D UNLI		
eporte	u within 7 days HOIII the	aute of receiving this invol	ce.					
					DAY THE	AMOUNT (\$)	\$ 100.00	

Payment Details:

Payment should be transferred to:

CITI Bank N.A.

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

<sup>\*----</sup>THE PERSON SIGNING THIS INVOICE ON BEHALF OF CUSTOMER REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO DO SO.----\*