

INVOICE



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

Invoice #: MIT/2013-14/025

Invoice Date: 31-Aug-13

BILL TO:

Test Client

TEST COUNTRY

Order #	Order Date	Project from:	Copy To:		
121					
Sr.No	Services	Quantity	Unit Price	Per	Amount
1	Test Data LDD Project	152	\$ 5.00	Hour	\$ 760.00
Please Pay From This Invoice			TOTAL		\$ 760.00
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.			In Words: #NAME?		
			PAY THIS AMOUNT (\$)		\$ 760.00

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: _____