## **INVOICE**

**Invoice #:** MIT/2014-15/EDD/001

Invoice Date: 30-Apr-14



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

**BILL TO:** 

Responsive Data Solutions 1331-H Street N.W WASHINGTON DC - 2005 USA

Order #	Order Date	Order Date Project fro		от: Сору То:		
Sr.No	Services	0	uantity	Unit Price	Per	Amount
1 asd			1.000	\$ 1.0000	Case/File	\$ 1.00
Please Pay	/ From This Invoice				TOTAL	\$ 1.0
Customer's duly authorized signat described work has been received assures payment of this invoice. A reported within 7 days from the d	cure below is an agreement and accepted by Custom Any discrepancy in the inv	er. Customer oice is to be	In Words:	: USD ONE ONLY		
				PAY THIS	AMOUNT (\$)	\$ 1.0

**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: