## **INVOICE**

Date 10/1/2014

Due Date 10/31/2014

Invoice # 16

Dan's Adjusters 800 E Broward Blvd Fort Lauderdale, FL 33301 954-271-1263 Fax

djacobs@itstrategiesgroup.com

Bill To: City of Ft lauderdale

my address 1

Big Pine Key, Florida 33366

Insured: DannyGarcia

xcv43

mia, FL 232213

Date of Claim: 9/2/2014 Policy #: Adjuster File #: 30-1009

Insurer File #: Other

Date	Billing Type	Activity	Quantity	Rate	Amount
10/2/2014	Some fee Adjuster hourly test	Contact w/ Insured - Call Review	2.00	2.00	4.00
10/1/2014	Just a test Adjuster hourly test	Risk/Loss Inspections - Re-Inspection	2.00	50.00	100.00
				Subtotal	\$104.00

Sales Tax \$0.00

Total \$104.00

Please send payment to:

Dan's Adjusters 800 E Broward Blvd Fort Lauderdale, FL 33301 Fed ID # 111111111