

# INVOICE

Date 10/2/2014

Due Date 11/1/2014

Invoice # 21

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: Danny Garcia  
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	Risk/Loss Inspections - Inspection/Scope + My service description, this should go under the activity Adjuster hourly test	4.00	2.00	8.00
10/2/2014	This is the expense description	This is an expense desription	0.00	20.00	0.00

Subtotal **\$8.00**

Sales Tax **\$0.00**

**Total \$8.00**

**Please send payment to:**

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