INVOICE

Date 10/2/2014

Due Date 11/1/2014

Invoice # 19

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	4.00	2.00	8.00
		My service description, this should go under the activity			
				Subtotal	\$8.00
				Sales Tax	\$0.00
				Total	\$8.00