INVOICE

Date 9/30/2014

Due Date 10/30/2014

Invoice # 6

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: TestUser

321

zcv, AR 343222

Date of Claim: 9/2/2014 Policy #: Adjuster File #: 30-1005

Insurer File #: Business Income/Extra

Expense

Date	Activity Code	Quantity	Rate	Bill	Amount
9/30/2014	Adjuster Service Fee	1.00	0.00	Yes	0.00
Subtotal					\$0.00

 Subtotal
 \$0.00

 Sales Tax
 \$0.00

 Total
 \$0.00

Please send payment to: