

# INVOICE

Dan's Adjusters  
800 E Broward Blvd  
Fort Lauderdale, FL 33301  
954-271-1263  
Fax  
omar@itstrategiesgroup.com

Date	10/6/2014
Due Date	11/5/2014
Invoice #	22

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
10/8/2014	Some fee	Claim Completion - Photo This is a new description for testing Adjuster hourly test	3.00	2.00	6.00
10/6/2014	Some fee	Claim Completion - Review Testttttttttttttt Adjuster hourly test	5.00	2.00	10.00
10/6/2014	Just a test	Claim Completion - Review anothertestttt 3rd one	10.00	5.00	50.00
10/2/2014	This is the expense description	This is an expense desription	0.00	20.00	0.00

Subtotal	<b>\$74.00</b>
Sales Tax	<b>\$0.00</b>
<b>Total</b>	<b>\$74.00</b>

Please send payment to:

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