**INVOICE** 

Date 10/31/2014

Due Date 11/30/2014

28

Invoice #

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

Bill To: City of Ft lauderdale

my address 1

Big Pine Key, Florida 33366

Insured: Joe Smith

52345

los santos, CA 78945

Date of Claim: 8/12/2014 Policy #: Adjuster File #: 30-1002

Insurer File #: 8756 Casualty/Crime

Date	Billing Type	Activity	Quantity	Rate	Amount
10/31/2014	Just a test	Schedule Inspection descriptionm for iinvoice 3rd one	0.20	5.00	1.00
10/22/2014	MyExpense2		47.00	0.00	0.00
		new test for expense			
				Subtotal	\$1.00
				Sales Tax	\$0.00
				Total	\$1.00