INVOICE

Date 10/31/2014

Due Date 11/30/2014

Invoice #

29

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 |
|------------|--------------|----------------------|----------|----------|--------|
| 10/22/2014 | MyExpense2 | | 47.00 | 0.00 | 0.00 |
| | | new test for expense | | | |
| | | | | Subtotal | \$0.00 |

 Subtotal
 \$0.00

 Sales Tax
 \$0.00

 Total
 \$0.00