

# INVOICE

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

Date	10/2/2014
Due Date	11/1/2014
Invoice #	21

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	4.00	2.00	8.00
10/2/2014	This is the expense description		0.00	20.00	0.00

Subtotal	<b>\$8.00</b>
Sales Tax	<b>\$0.00</b>
<b>Total</b>	<b>\$8.00</b>

Please send payment to:

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