INVOICE

Date 10/1/2014

Due Date 10/31/2014

Invoice # 14

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: 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		2.00	2.00	4.00
		Adjuster hourly test			
	,		,	Subtotal	\$4.00
				Sales Tax	\$0.00
				Total	\$4.00