

# INVOICE

Date 10/1/2014

Due Date 10/31/2014

Invoice # 16

Dan's Adjusters  
800 E Broward Blvd  
Fort Lauderdale, FL 33301  
954-271-1263

Fax  
djacobs@itstrategiesgroup.com

Bill To: City of Ft lauderdale  
my address 1  
  
Big Pine Key, Florida 33366

Insured: DannyGarcia  
xcv43  
  
mia, FL 232213

Date of Claim: 9/2/2014 Policy #: Adjuster File #: 30-1009

Insurer File #: Other

| Date      | Billing Type                        | Activity                                    | Quantity | Rate  |
|-----------|-------------------------------------|---|----------|-------|
| 10/2/2014 | Some fee<br>Adjuster hourly test    | Contact w/<br>Insured - Call<br>Review      | 2.00     | 2.00  |
| 10/1/2014 | Just a test<br>Adjuster hourly test | Risk/Loss<br>Inspections -<br>Re-Inspection | 2.00     | 50.00 |

Subtotal

Sales Tax

**Total**

**Please send payment to:**

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

|  | Amount          |
|--|-----------------|
|  | 4.00            |
|  | 100.00          |
|  | <b>\$104.00</b> |
|  | <b>\$0.00</b>   |
|  | <b>\$104.00</b> |

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