

# 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	Amount
10/2/2014	Some fee Adjuster hourly test	Contact w/ Insured - Call Review	2.00	2.00	4.00
10/1/2014	Just a test Adjuster hourly test	Risk/Loss Inspections - Re-Inspection	2.00	50.00	100.00
Subtotal					<b>\$104.00</b>
Sales Tax					<b>\$0.00</b>
Total					<b>\$104.00</b>

Please send payment to:

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

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800 E Broward Blvd  
Fort Lauderdale, FL 33301  
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