

INVOICE FOR EMERGENCY SERVICES / REPAIRS

EMERGENCY RESPONSE

Invoice #: [Invoice Number]

Date: [Date]

Due Date: [Due Date]

Service Order #: [Service Order]

FROM:

[Contractor/Service Provider Name]

[Address]

[City, State ZIP]

[Phone] | [Email]

[License #]: [Number]

[Tax ID]: [Number]

[Insurance Carrier]: [Carrier Name]

[Policy #]: [Policy Number]

BILL TO:

[Insured Name]

[Address]

[City, State ZIP]

[Phone]

[Email]

SEND PAYMENT TO:

[Insurance Carrier Name]

Claim #: [Claim #]

Adjuster: [Adjuster Name]

Adjuster Phone: [Phone]

Adjuster Email: [Email]

PROPERTY SERVICED:

Loss Location: [Loss Location]

Date of Loss: [Date of Loss]

Date of First Contact: [Date/Time]

Date of Service: [Service Date(s)]

Time of Arrival: [Time]

Time of Completion: [Time]

AUTHORIZATION

Emergency Authorization By: [Name]

Title/Relationship: [Title]

Date/Time: [Date/Time]

Authorization Type: ☐ Verbal ☐ Written ☐ Emergency Response

Assignment of Benefits: ☐ Yes ☐ No (Form attached)

SERVICES PROVIDED

Date	Time In/Out	Description of Service	Technicians	Hours	Rate	Amount
[Date]	[In/Out]	Emergency board-up services	[#]	[Hours]	[\$Rate]	[\$Amount]
[Date]	[In/Out]	Water extraction - [Gallons]	[#]	[Hours]	[\$Rate]	[\$Amount]
[Date]	[In/Out]	Structure drying setup	[#]	[Hours]	[\$Rate]	[\$Amount]
[Date]	[In/Out]	Temporary roof tarp - [Sq ft]	[#]	[Hours]	[\$Rate]	[\$Amount]
[Date]	[In/Out]	Debris removal - [Cubic yards]	[#]	[Hours]	[\$Rate]	[\$Amount]
[Date]	[In/Out]	Content manipulation/pack-out	[#]	[Hours]	[\$Rate]	[\$Amount]
[Date]	[In/Out]	Antimicrobial application	[#]	[Hours]	[\$Rate]	[\$Amount]
[Date]	[In/Out]	Daily monitoring visits	[#]	[Hours]	[\$Rate]	[\$Amount]

After-Hours/Emergency Rates Applied: ☐ Yes ☐ No (__% premium)

MATERIALS SUPPLIED

Item Description	Manufacturer	Model/Size	Quantity	Unit Price	Total
Plywood sheets (4x8, __")	[Brand]	[Grade]	[Qty]	[\$Price]	[\$Total]
Roof tarp (__mil)	[Brand]	[Size]	[Qty]	[\$Price]	[\$Total]
2x4 Lumber	[Grade]	[Length]	[Qty]	[\$Price]	[\$Total]
Fasteners/hardware	Various	-	[Qty]	[\$Price]	[\$Total]
Plastic sheeting (__mil)	[Brand]	[Size]	[Rolls]	[\$Price]	[\$Total]
Antimicrobial solution	[Brand]	[Type]	[Gal]	[\$Price]	[\$Total]
Duct tape/supplies	Various	-	[Qty]	[\$Price]	[\$Total]

EQUIPMENT CHARGES

Equipment	Serial #	Calibration Date	Days/Hours	Rate	Total
Dehumidifier #1	[Serial]	[Date]	[Days]	[\$[Rate]/day	[\$[Total]
Dehumidifier #2	[Serial]	[Date]	[Days]	[\$[Rate]/day	[\$[Total]
Air mover #1-4	[Serials]	[Date]	[Days]	[\$[Rate]/day	[\$[Total]
Air scrubber	[Serial]	[Date]	[Days]	[\$[Rate]/day	[\$[Total]
Generator	[Serial]	N/A	[Days]	[\$[Rate]/day	[\$[Total]
Moisture meters	[Serial]	[Date]	[Days]	[\$[Rate]/day	[\$[Total]
Truck/vehicle	[Vehicle]	N/A	[Miles]	[\$[Rate]/mile	[\$[Total]

MOISTURE DOCUMENTATION

Initial Readings ([Date/Time]):

Location	Material	Moisture %	Relative Humidity	Temperature
[Room]	[Material]	[%]	[%]	[°F]
[Room]	[Material]	[%]	[%]	[°F]

Final Readings ([Date/Time]):

Location	Material	Moisture %	Relative Humidity	Temperature
[Room]	[Material]	[%]	[%]	[°F]
[Room]	[Material]	[%]	[%]	[°F]

Dry Standard Achieved: ☐ Yes ☐ No ☐ Ongoing

PHOTOGRAPHIC DOCUMENTATION

Photo Set	Date/Time	Description	Quantity
Pre-mitigation	[Date/Time]	Initial conditions	[#] photos
During work	[Date/Time]	Work in progress	[#] photos
Post-mitigation	[Date/Time]	Completed work	[#] photos
Moisture readings	[Date/Time]	Meter readings	[#] photos

Digital files available at: [URL/Cloud Storage Link]

DISPOSAL DOCUMENTATION

Date	Material Type	Weight/Volume	Disposal Site	Ticket #
[Date]	[Type]	[Amount]	[Location]	[#]
[Date]	[Type]	[Amount]	[Location]	[#]

COST BREAKDOWN

Category	Amount
Labor (Regular Hours)	\${Amount}
Labor (After Hours/Emergency)	\${Amount}
Materials	\${Amount}
Equipment Rental	\${Amount}
Disposal Fees	\${Amount}
Permits/Fees	\${Amount}
Transportation/Mileage	\${Amount}
Subtotal:	\${Subtotal}
Sales Tax ([%])	\$(Tax)
TOTAL DUE:	\${Grand Total}

PAYMENT STATUS

- ☐ Payment Due Upon Receipt
- ☐ Insurance Direct Payment Authorized via AOB
- ☐ Partial Payment Received: \${Amount} on [Date]
- ☐ Balance Due: \${Amount}
- ☐ Supplement Required - Additional Work Discovered

INSURANCE BILLING INFORMATION

Primary Insurance:

Carrier: [Name]
Policy #: [Number]
Claim #: [Number]
Coverage Type: [Type]
Deductible: \${Amount}

WORK AUTHORIZATION

Work performed under emergency authorization by:

Name: [Authorized By]

Date: [Date]

Time: [Time]

Relationship to Property: [Owner/Tenant/Agent]

CERTIFICATION

I certify that:

- The work described above was necessary to protect the property from further damage
- All work was completed according to IICRC S500 and S520 standards
- The charges reflect emergency response rates as authorized
- All equipment was properly calibrated and maintained
- Moisture documentation supports the drying services provided
- The charges are reasonable and customary for such emergency services

WARRANTY

Emergency mitigation services carry a [30/60/90] day warranty on workmanship. This warranty does not extend to temporary repairs which are intended as stop-gap measures until permanent repairs can be completed.

ATTACHMENTS

- ☐ Photographic documentation ([#] photos)
- ☐ Detailed moisture logs
- ☐ Daily drying reports
- ☐ Material receipts
- ☐ Equipment rental agreements
- ☐ Disposal tickets
- ☐ Assignment of Benefits form
- ☐ Work Authorization form
- ☐ Thermal imaging reports
- ☐ Atmospheric readings logs
- ☐ Chain of custody forms (contents)

SPECIAL CONDITIONS/NOTES:

[Describe any unusual conditions, access issues, safety concerns, additional damage discovered, or special

circumstances]

PAYMENT TERMS:

Net due upon receipt. Insurance direct billing accepted with valid AOB. A 1.5% monthly service charge (18% APR) may be applied to past due accounts after 30 days. This invoice represents a claim against the insurance proceeds for this loss. Under assignment of benefits, any payment received will be applied to this invoice.

SUPPLEMENTAL CHARGES:

Additional charges may apply if:

- Hidden damage is discovered requiring additional mitigation
- Equipment rental extends beyond initial estimate
- Additional emergency response calls are required
- Contents require specialized cleaning/storage

Service Manager Signature:

[Name]

[Title]

[Company]

Date: [Date]

Quality Control Review:

[Name]

Date: [Date]

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