ABC Adjusters, Inc.

PO Box 123

Anytown, FL 32000

(850) 000-0000 phone

[ABCadjusters@yahoo.com](mailto:ABCadjusters@yahoo.com)

Tax ID 59-0000000

Date of Invoice: April 10, 2010

Invoice Number: 878

Northern Capital Insurance Company

7200 Corporate Center Drive

Miami, FL 33126

Insured: Jane Doe

Claimant: Jane Doe

Claim No.: NH000010

Date of Loss: 3/15/10

Date Assignment Received: 3/17/10

Date Work Done Adjuster Initials\* Description of Work Hours Worked

|  |  |  |  |
| --- | --- | --- | --- |
| 3/17/10 | XYZ | Recd assignment, set appt with insured for 3/21/10. | .1 hrs |
| 3/21/10 | XYZ | Travel to and from risk location, inspect and photograph damage. | 4.0 hrs |
| 3/22/10 | XYZ | Create narrative report and estimate of damages and submit to carrier. | 3.5 |

Total hours: 7.6 @ $125.00/hr = $950.00

Mileage 75 @ .55/mile = $41.25

Amount Due this invoice: $991.25

If you are billing a previous balance, you **must** include the itemized invoice for the previous balance.

Previous Balance: $1250.00

Outstanding Balance: $2241.25

Payments Applied: $125.00 on 4/1/10

Total Amount Due: $2116.25

\*Adjuster Initials = initials of staff member who actually did the work.