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: March 31, 2010

Invoice Number: 577

Northern Capital Insurance Company

7200 Corporate Center Drive

Miami, FL 33126

Insured: John Doe

Claimant: John Doe

Claim No.: NH100100

Date of Loss: 3/1/10

Date Assignment Received: 3/15/10

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

|  |  |  |  |
| --- | --- | --- | --- |
| 3/15/10 | XYZ | Recd assignment, set appt with insured for 3/17/10. | .1 hrs |
| 3/17/10 | XYZ | Travel to and from risk location, inspect and photograph damage. | 3.0 hrs |
| 3/18/10 | XYZ | Create narrative report and estimate of damages and submit to carrier. | 3.5 |

Total hours: 6.6 @ $125.00/hr = $825.00

Mileage 75 @ .55/mile = $41.25

Total Amount Due: $866.25

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