

Service Invoice

Date: 6/26/2003

Bill To

Edwards Life and Casualty
65 Shoemaker Drive
Your Town, FL 11111
Office: 555-514-6789

Billed From

John Doe
Claims Managers
123 Main Street
Suite A
Your Town, FL 11111
Office: 555-555-5555

Claim Information

File No.:	A-0001	Insured:	Matthew E. Peterson	Loss Date:	2/8/2004
Claim No.:	SAMPLE	Agency:	ABC Insurance	Loss Cause:	Water
Policy No.:	0554874	Adjuster:	John Doe	RC:	\$5,979.27
		SSN:	111-22-3333	Deductions:	\$15.00
		Emp. ID No.:		ACV:	\$5,964.27

Billing

Method: Flat Fee Gross Loss (RC) Schedule
Date: 6/26/2003
Due: 6/13/2003

Schedule

Flat Fee Gross Loss (RC) Schedule (\$290.00)

Total Schedule Charges: \$290.00

Time

N/A

Total Time Charges: \$0.00

Expenses

Mileage	N/A
Photography	N/A
Telephone	N/A
Other	N/A

Total Expense Charges: \$0.00

Tax

N/A

Total Tax Charges: \$0.00

Total

Total Invoice Charges: \$290.00