

ADJUSTERS FILE INVOICE

INTERIM

FINAL

SUPPLEMENTAL

INSURED: _____

DATE: _____

FILE NO: _____

SERVICE	\$ _____	_____	_____
FILE ORIG. FEE	\$ _____	_____	_____
AUTO EXPENSE	\$ _____	_____	_____
OFFICE EXPENSE	\$ _____	_____	_____
TELEPHONE	\$ _____	_____	_____
SECRETARIAL	\$ _____	_____	_____
PHOTOGRAPHS	\$ _____	_____	_____
PHOTO COPIES.	\$ _____	_____	_____
POLICE REPORTS.	\$ _____	_____	_____
TAPES	\$ _____	_____	_____
APPRAISALS	\$ _____	_____	_____
MISCELLANEOUS.	\$ _____	_____	_____
MISC. OUTSIDE EXPENSE.	\$ _____	_____	_____
HOTEL-MEALS	\$ _____	_____	_____
.	\$ _____	_____	_____
.	\$ _____	_____	_____

TOTAL EXPENSE \$ _____

TOTAL \$ _____

TOTAL INSURANCE \$ _____

INSURANCE REPRESENTED \$ _____

AMOUNT OF YOUR POLICY \$ _____

YOUR PROPORTION \$ _____

ADJUSTER