

# INVOICE

[Adjuster/Agency Name]  
[Address Line 1]  
[City, State, Zip]

**Invoice #: [0000]**  
**Date: [Date]**

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## Claim Information:

Claim Number: [Claim ID]  
Policy Number: [Policy ID]  
Date of Loss: [Date]

## Bill To:

[Insurance Company Name]  
[Billing Department]  
[Address Line 1]

Service Description	Quantity/Hours	Rate	Total
[Service Item: e.g., On-site Inspection]	[0]	[\$[0.00]]	[\$[0.00]]
[Service Item: e.g., Report Preparation]	[0]	[\$[0.00]]	[\$[0.00]]
[Service Item: e.g., Travel/Mileage]	[0]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]  
Tax: \$[0.00]

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**Total Due: \$[0.00]**

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**Payment Terms:**

Please remit payment within [30] days. Make all checks payable to [Payee Name].

Notes: [Optional notes regarding claim status or specific documentation attached]