



Independent Adjuster Invoice



CLAIM NUMBER		ICBC CONTACT	
COMPANY NAME		INVOICE NUMBER	INVOICE DATE (ddmmmyyyy)
INDEPENDENT ADJUSTER NAME		SUPPLIER NUMBER	SUPPLIER RESOURCE
INSURED NAME			
DATE OF ASSIGNMENT (ddmmmyyyy)	INDEPENDENT FILE NUMBER		DATE OF LOSS (ddmmmyyyy)
<input type="checkbox"/> Interim <input type="checkbox"/> Final			

Item Description

(Office expenses should be factored into the hourly rate and not billed separately.)

Total

Fee:	Hours _____ x rate \$ _____	\$ _____
Automobile:	No. of Kilometres _____ x rate \$ _____	\$ _____
	Photographs	\$ _____
	Subtotal	\$ _____

Item Description — Receipts must be provided for these expenses

(If these expenses exceed \$100.00 an interim bill may be submitted.)

Total

Other transportation	\$ _____
Police report	\$ _____
Courier charges	\$ _____
Long distance telephone	\$ _____
Travel expenses, specify: _____	\$ _____
Misc. expenses, specify: _____	\$ _____
Subtotal	\$ _____
Invoice Total	\$ _____

Comments