

Select Ability

View Bodyshop Invoice [11042015]

Invoice From

Invoice To

Insurance Company Name :bb

TPA Company Name :tg

Fee Information

Estimate 1 Amount: [2332 \(#\)](#)
Betterment 1 Amount: [\(#\)](#)
Supplement 1 Amount: [\(#\)](#)
Betterment S1 Amount: [\(#\)](#)
Supplement 2 Amount: [\(#\)](#)
Betterment S2 Amount: [\(#\)](#)
Supplement 3 Amount: [\(#\)](#)
Betterment S3 Amount:: [\(#\)](#)
Betterment S4 Amount: [\(#\)](#)
Supplement 4 Amount: [\(#\)](#)
Estimate Preparation Fee: [\(#\)](#)
Photos Preparation Fee: [\(#\)](#)
Misc fee: [\(#\)](#)
Storage Days: [\(#\)](#)
Storage Amount: [\(#\)](#)
Storage Total: [0 \(#\)](#)
Towing Charge: [\(#\)](#)
Subtotal: [2332 \(#\)](#)
Sales Tax Rate: [\(#\)](#)
Total Sales Tax: [0 \(#\)](#)
Total Invoice Amount: [2332 \(#\)](#)

Claim/Vehicle Information

File Number: 11042015
Claim Number: dr2
Owner Name:
Year: 1324
Vehicle Make: Alfa Romeo
Vehicle Model: GTV-6
VIN:
Plate Number:
Is Paid: No
Paid Date: 0000-00-00
Check Number: [\(#\)](#)
Check Amount: [0.00 \(#\)](#)

