



# Independent Adjuster Invoice



Send completed invoice to [independent.adjusters@icbc.com](mailto:independent.adjusters@icbc.com)  
 Note: this is a non-replying email address.

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.)

Item Description	Total
<b>Fee:</b> Hours _____ x rate \$ _____	\$ _____
<b>Automobile:</b> 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.)

Item Description	Total
Other transportation	\$ _____
Police report	\$ _____
Courier charges	\$ _____
Long distance telephone	\$ _____
Travel expenses, specify: _____	\$ _____
Misc. expenses, specify: _____	\$ _____
Subtotal	\$ _____
<b>Invoice Total</b>	<b>\$ _____</b>

Comments