Invoice Number MIA-DADE
Invoice Date January 28, 2009

Premium Invoice

CLIENT COPY

CUSTOMER ACCOUNT:
MIAMI DADE COUNTY PUBLIC SCHOOLS
OFFICE OF RISK AND BENEFITS MANAGEMENT
1500 BISCAYNE BOULEVARD, SUITE 127-B
MAIMI, FLORIDA 33132

PLEASE REMIT PAYMENT TO:
ADMINISTRATIVE SERVICES, INC.
7990 SW 117 AVENUE, SUITE 200
MIAMI, FLORIDA 33183

Description Of Services	TOTAL PREMIUM			BALANCE
The School Board of Dade County, Florida Policy ABL 655641 - School Police Cost per insured $24.73 for 177 investigators Term 01-01-09 - 12-31-09	$4,378.25			$4,378.25
				$4,378.25

If you have any questions regarding this invoice, please contact Maria R. Mulet at (305) 596-4040 x 1080

Please Return this Portion with Payment

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Amount Due: $4,378.25

AMOUNT PAID: