



Revised Claim

CITY OF HERMOSA BEACH

CLAIM REPORTING FORM FOR ALL PERSONS OR PROPERTY

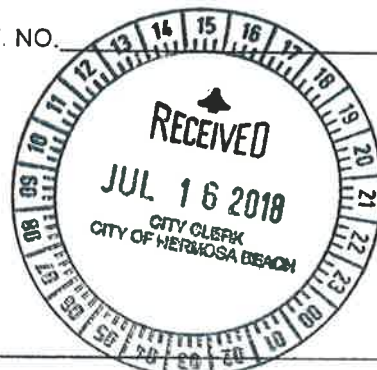
FILE WITH: City Clerk's Office
City of Hermosa Beach
1315 Valley Drive
Hermosa Beach, CA 90254

RESERVE FOR FILING STAMP

DEPT. NO. _____

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than six months after the occurrence. (Gov. Code Sec. 911.2)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim form before filing.
4. See page 2 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details.



Name of Claimant

Mercury Insurance Company as subrogee of Robin O'Neill

The following information is required by the Federal government for all claims of personal injury:

Social Security Number: _____

Date of Birth: *01/22/1954*

Home Address Of Claimant

307 Anderson St. Manhattan Beach, CA 90266

Occupation of Claimant

Business Address of Claimant

Home Telephone Number

()

Give address and telephone number to which you desire notices or communications to be sent regarding this claim. *Mercury Insurance Company PO Box 10730, Santa Ana, CA 92711*

Business Telephone Number

(888) 263-7287

Date of Damage/Loss/Injury

4/10/2018

Time
A.M. *1:00* P.M.

Place of Damage/Loss/Injury **Between driveways of 2820 + 2821 Amby Place **
Amby Pl. Hermosa Beach, CA 90254

How did damage/loss/injury occur? (Be specific)

our insured hit a stump in the street.

Were Police at scene?

Yes ☒

No ☐

Were Paramedics at scene?

Yes ☐

No ☐

Report No. *589785*

What particular act or omission do you claim caused the damage/loss/injury.

City maintains street.

Name of City employee(s) causing the damage/loss/injury:

unknown

The amount claimed, as of the date of presentation of this claim, is computed as follows: (please attach estimates/receipts)

PLEASE REMEMBER TO SIGN CLAIM FORM

F/B95/Personnel/claim form

Damages incurred to date (exact):

Expenses for medical and hospital care..... \$ _____

Loss of earnings..... \$ _____

Special damages for..... \$ _____

General damages..... \$ 6199.26

Total damages incurred to date..... \$ 6199.26

Estimated expenses for medical and hospital care

Future expenses for medical and hospital care..... \$ _____

Future loss of earnings..... \$ _____

Other prospective special damages..... \$ _____

Prospective general damages..... \$ _____

Total estimate prospective damages..... \$ _____

WITNESSES to DAMAGE or INJURY: LIST ALL PERSONS and addresses of persons known to have information:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

DOCTORS and HOSPITALS:

Hospital _____ Address _____ Date Hospitalized _____

Doctor _____ Address _____ Date of Treatment _____

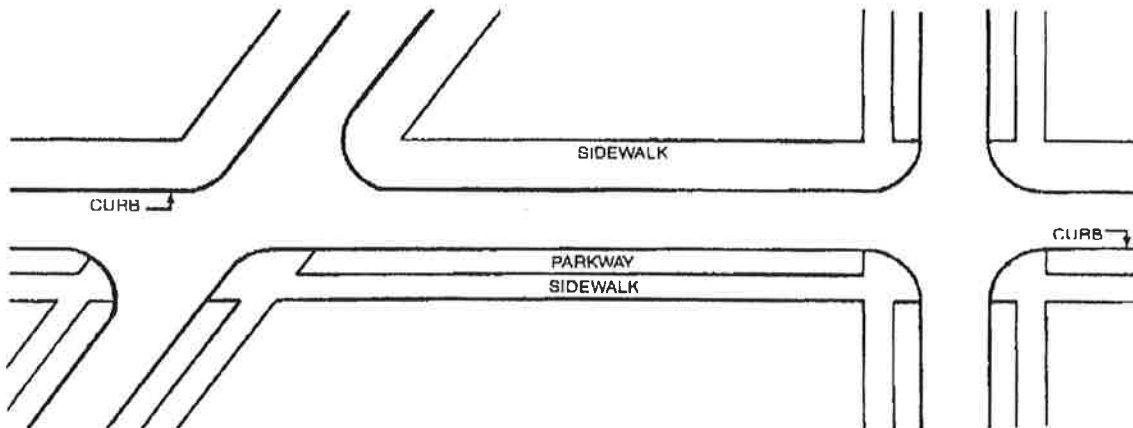
Doctor _____ Address _____ Date of Treatment _____

READ CAREFULLY

For all accident claims place on following diagram names of streets, including North, East, South, and West; indicate place of accident by "X" and showing house number or distances to street corners. If City vehicle was involved, designate by letter "A" location of City vehicle when you first saw it, and by "B" location of yourself or your vehicle

when you first saw City vehicle; location of City vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

NOTE: If diagrams below do not fit the situation, attach hereto a proper diagram signed by claimant.



Signature of claimant or person filing on his behalf giving relationship to Claimant:

Lisa Blacklock on behalf of

Typed Name:

LISA Blacklock

Date:

7/13/2018
6/01/2018

YOUR CLAIM WILL BE PLACED ON A CITY COUNCIL AGENDA FOR ACTION BY THE CITY COUNCIL. YOUR CLAIM WILL BE IN THE PUBLIC DOMAIN; CLAIM FORMS ARE PUBLIC RECORDS; CITY COUNCIL AGENDAS ARE POSTED ON THE CITY'S WEBSITE; THE MEETING AT WHICH YOUR CLAIM WILL BE CONSIDERED IS BOTH CABLECAST AND STREAMED LIVE OVER THE INTERNET; MINUTES OF THE MEETING WILL REFLECT THE ACTION TAKEN ON YOUR CLAIM AND ARE POSTED ON THE CITY'S WEBSITE.

PLEASE REMEMBER TO SIGN CLAIM FORM

F/B95/Personnel/claim form



P.O. Box 10730
Santa Ana, CA 92711-0730

June 1, 2018

CITY OF HERMOSA BEACH
CITY CLERK'S OFFICE
1315 VALLEY DRIVE
HERMOSA BEACH, CA 90254

RE:	OUR INSURED:	MICHAEL WHITEHILL
	OUR CLAIM NUMBER:	CAPA-00822295
	DATE OF LOSS:	APRIL 10, 2018
	YOUR INSURED:	UNKNOWN
	YOUR FILE NUMBER:	CLAIM FORM ATTACHED

DEAR CITY OF HERMOSA BEACH:

We have obtained information suggesting that the damages incurred from the above-referenced loss were caused by your insured's negligence.

Enclosed for your review, please find copies of our supporting documentation. The breakdown of our payments is as follows:

Initial Repairs	\$4,871.77
Deductible	\$500.00
Supplements	
Rental Expense	\$827.49
Out of Pocket Expense	
Other	
Salvage	
VLF, if applicable	
Total	\$6,199.26
Total Amount Due	\$6,199.26

Other:
Please review for payment.

If we receive a payment that is less than the amount shown above, it will be processed and applied as a partial payment only. This will not indicate any acceptance of liability or agreement to compromise the claim amount. Note that "Full or final settlement" or similar wording, whether on the payment itself or on accompanying correspondence, does not function as a release.

Should you have any questions or need additional information, please do not hesitate to contact me. Thank you for your cooperation.

Sincerely,
Mercury Insurance Company

Claims Department
888-263-7287

Encl.



Rental Company: Enterprise Rent-A-Car
Invoice: 32DCD017091
Alternate Invoice Number: 22KRMC

CAPA - 822295

Bill To: MER32CC

MERCURY INSURANCE SERVICES
 ATTN:UNIT .RENTAL
 PO Box 1150
 Brea, CA 928221150

RENTER INFORMATION:

Renter: OREILLY,ROBIN
 Address: 307 ANDERSON STREET
 MANHATTAN BEACH, CA 90266
 Home Phone: (310) 365-9809
 Office Phone: (310) 713-7409

RENTAL INFORMATION:

Rental Branch Location:

ENTERPRISE RENT-A-CAR(32DC)
 640 PACIFIC COAST HWY
 HERMOSA BEACH, CA 902544838

ADDITIONAL CLAIM INFORMATION:

Claim Number: CAPA-00822295
 Claim Type: Insured
 Vehicle Condition: Driveable
 Date Of Loss: 04/10/2018
 Insured Name:
 Owner's Vehicle: 2017 TOYOTA OTHER
 Department Code:
 Branch/ Unit#: 2022
 Best Contact #:
 Claimant # for Payment:
 Application: GWCC
 CARS Shop Type: Yes
Repair Facility:
 JIM & JACK'S-328D
 EL SEGUNDO, CA 90245
 (310) 322-5733

RENTAL DETAIL:

Rental Period: 04/25/2018 to 05/23/2018 (29 days)

Billed Period: 04/25/2018 to 05/23/2018 (29 days)

Description	Rate	Amount
29 TIME & DISTANCE	\$24.99	\$724.71
1 REFUELING CHARGE	\$0.00	\$0.00
29 VEHICLE LICENSE RECOVERY FEE	\$1.17	\$33.93
1 SALES TAX	9.50%	\$68.85
Total Charges:		\$827.49
Less Amount Received:		\$0.00
Total Amount Due:		\$827.49

VEHICLES RENTED:

Effective Date	Time	Year	Make	Model	VIN	Mileage
04/25/2018	11:42 AM	2017	NISN	ROGU	KNMAT2MV7HP583893	8942

Rental Invoice

Please Return This Portion with Remittance

Make Payment To:
ENTERPRISE RENT-A-CAR (32LB)
 FILE 50727
 LOS ANGELES, CA 900740727
 Federal ID: 95-3475810

Total Charges: \$827.49
Less Amount Received: \$0.00
Total Amount Due..... \$827.49

Please Include on your Check:
 Invoice:32DCD017091

Date: 5/30/2018 03:12 PM
 Estimate ID: CAPA-0082229500102
 Estimate Version: 1
 Supplement: 1 (F F) 5/30/2018 03:06:41 PM
 FINAL
 Profile ID: MERCURY

Jim and Jack's Auto Body

1605 E. Grand Ave., El Segundo, CA 90245
 (310) 322-8733
 Fax: (310) 640-7088
 Tax ID: 853441830 BAR #: AB-076404 EPA #: CAD02813839

Damage Assessed By: CARLOS KU

Appraised For: Christina Ciro
 (800) 621-9693 ext. 22162

Supplemented By: Gabriel Yepremian
 Classification: Drive-In

Type of Loss: Collision
 Date of Loss: 4/10/2018
 Accident Date: 4/10/2018
 Deductible: 500.00
 Policy No: 040107150093628

Arrival Date: 4/19/2018

Claim Number: CAPA-0082229500102

Insured: MICHAEL WHITEHILL
 Owner: Robin O'Reilly
 Address: 307 anderson street, manhattan beach, CA 90266
 Telephone:

Cell Phone: (310) 365-9809

Contact Phone: (310) 365-9809

Mitchell Service: 911899

Description: 2017 Toyota Prius Prime Premium
 Body Style: 4D HB
 VIN: JTDKARFP3H3066261
 Mileage: 2,293
 OEM/ALT: O
 Color: SILVER

Vehicle Production Date: 10/17
 Drive Train: 1.8L Inj 4 Cyl A FWD
 License: 8CBC113 CA

Search Code: None

Options: PASSENGER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW, POWER STEERING
 REAR WINDOW DEFOGGER, AIR CONDITION, CRUISE CONTROL, TILT STEERING COLUMN
 AM/FM STEREO, DRIVER AIRBAG, HEATED EXTERIOR MIRROR
 FRONT SIDE AIRBAG WITH HEAD PROTECTION, ANTI-LOCK BRAKE SYS., TRACTION CONTROL
 ALUM/ALLOY WHEELS, REARVIEW CAMERA, TIRE INFLATION/PRESSURE MONITOR
 NAVIGATION SYSTEM, AUXILIARY INPUT, BLUETOOTH WIRELESS CONNECTIVITY, HARD DRIVE
 HD RADIO, SATELLITE RADIO, POWER ADJUSTABLE EXTERIOR MIRROR, AUTO AIR CONDITION
 TRIP COMPUTER, FIRST ROW BUCKET SEAT, SIDE AIRBAGS, AUTOMATIC HEADLIGHTS
 SECOND ROW SIDE AIRBAG WITH HEAD PROTECTION, MP3 PLAYER, DAYTIME RUNNING LIGHTS
 TONNEAU COVER, DRIVER SEAT WITH POWER LUMBAR SUPPORT
 ELECTRONIC STABILITY CONTROL, FRONT HEATED SEATS, KEYLESS ENTRY SYSTEM
 REAR BENCH SEAT, SMART KEY SYSTEM, STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units	CEG Unit
<u>Front Bumper</u>								
1	100629	REF	BLEND	R Frt Tow Hook Cover			INC	0.6
2	100632	BDY	OVERHAUL	Frt Bumper Cover Assy			3.1	3.1
3	100805	BDY	REMOVE/REPLACE	R Frt Bumper Extension	52112-47901	229.74	INC	3.1T
4		REF	REFINISH	R Frt Bumper Extension			C 1.6	1.6
5	100637	BDY	REMOVE/REPLACE	R Frt Bumper Cover Support	52116-47070	45.71	INC #	0.1T
6		BDY	REMOVE/INSTALL	Frt Bumper Cover			INC #	1.2
7	100639	BDY	REMOVE/REPLACE	R Frt Bumper Retainer	52635-50060	5.66	INC	T
8	100886	BDY	REMOVE/REPLACE	R Frt Bumper Clip	90467-06170	1.18	INC	T
9	100890	BDY	REMOVE/REPLACE	R Frt Bumper Opening Cover	81481-47140	43.21	INC #	0.2T
10	100693	BDY	REMOVE/REPLACE	Frt Bumper Grille	53101-47040	549.87	INC	3.1T
11	100601	BDY	REMOVE/INSTALL	Frt Bumper License Plate Bracket	Existing		INC	r
12	100235	BDY	REMOVE/REPLACE	Frt Up'r Bumper Seal	53395-47050	40.37	INC	0.2T

ESTIMATE RECALL NUMBER: 05/03/2018 09:31:49 CAPA-0082229500102

Mitchell Data Version: OEM: MAY_18_V

Software Version: 7.1.228

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Date: 5/30/2018 03:12 PM
 Estimate ID: CAPA-0082229500102
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 FINAL

13	100697	BDY	REMOVE/REPLACE	Frt Lwr Bumper Impact Absorber	62618-47111	82.23	0.2 #	0.2T
<u>Front Lamps</u>								
14	101342	BDY	REMOVE/REPLACE	R Frt Combination Lamp Assembly	81145-47800	1,837.75	0.8 #	0.8T
15		BDY	CHECK/ADJUST	Headlamps			0.4	0.4
16	100274	BDY	REMOVE/INSTALL	L Frt Front Signal Lamp			INC #	0.2
17	100287	BDY	REMOVE/REPLACE	R Frt Signal Lamp	81510-47120	736.89	INC #	0.2T
18		BDY	CHECK/ADJUST	Driving Lamps			0.4	0.4
<u>Hood</u>								
19	100605	REF	BLEND	Hood Outside			C 1.0	2.3
<u>Front Fender</u>								
20	100362	BDY	REMOVE/REPLACE	R Fender Panel	63801-47090	251.96	1.8 #	1.8T
21		BDY	REMOVE/INSTALL	R Front Combination Lamp			INC #	0.4
22		REF	REFINISH	R Fender Outside			C 2.0	2.0
23		REF	REFINISH	R Add To Edge Fender			C 0.5	0.5
24	100363	BDY	REMOVE/REPLACE	R Fender Liner	63876-47110	118.18	INC	0.4T
25	100367	BDY	REMOVE/REPLACE	R Fender Liner Clip 4@1.25	90487-07214	5.04		T
26	100371	BDY	REMOVE/REPLACE	R Fender Grommet	90189-06006	1.44		T
27	100373	BDY	REMOVE/REPLACE	R Fender Grommet 2@0.72	90189-06238	1.44		T
28	100375	BDY	REMOVE/REPLACE	R Fender Grommet	90189-A0008	1.21		T
29	100034	BDY	REMOVE/REPLACE	R Fender Adhesive Nameplate	75374-47130	33.82	0.1	0.2T
<u>Front Inner Structure</u>								
30	100031	BDY	REPAIR	R Frt Body Front Support Assy (HSS)	Existing		2.0*	2.0
31		REF	REFINISH/REPAIR	R Frt Body Front Support Assy (HSS)			0.5*	
32	100090	BDY	REMOVE/REPLACE	R Frt Body Front Brkt	63835-47080	28.58	0.5	0.5T
<u>Electrical</u>								
33	101732	BDY	REMOVE/INSTALL	Battery	Existing		0.2*	0.4
<u>Front Door</u>								
34	101278	REF	BLEND	R Frt Door Outside			C 0.9	2.1
<u>Special/Manual Entry</u>								
35	900800	BDY *	REMOVE/REPLACE	CLEAR DOOR EDGE GUARD	Sublet	55.00 *	0.0*	
36				Line Markup %20.00		11.00		
<u>Front Door</u>								
37	101272	BDY	REMOVE/INSTALL	R Frt Rear View Mirror			0.3 #	0.3
38		BDY	REMOVE/INSTALL	R Frt Door Trim Panel			0.4	0.4
39	100959	BDY	REMOVE/INSTALL	R Frt Otr Door Belt Moulding			0.2 #	0.2
40	101453	BDY	REMOVE/INSTALL	R Frt Otr Door Handle			0.3 #	0.3
<u>Rear Body</u>								
41	100983	MCH	REMOVE/INSTALL	High Voltage Battery -M			0.7* #	2.2
0		BDY	REMOVE/INSTALL	Rear Seat Assy			*	0.8
<u>Additional Operations</u>								
42		REF	ADD'L OPR	Clear Coat			1.7	
<u>Special/Manual Entry</u>								
43	900600	MCH *	ADD'L LABOR OP	Pre / Post scan	Existing		1.0*	
44	900600	MCH *	ADD'L LABOR OP	CLEAR FAULT CODES	Existing		1.0*	
<u>Additional Operations</u>								
45	933003	BDY *	ADD'L OPR	Tint Color			0.5*	
<u>Special/Manual Entry</u>								
46	900600	BDY *	REMOVE/REPLACE	MASK FOR OVERSPRAY	** QUAL REPL PART	10.00 *	0.0*	T
47	900600	BDY *	REMOVE/REPLACE	FLEX ADDITIVE	** QUAL REPL PART	8.00 *	0.0*	T
<u>Additional Operations</u>								
48	933017	BDY *	ADD'L OPR	Finish Sand And Buff			2.0*	
<u>Additional Costs & Materials</u>								
49			ADD'L COST	Paint/Materials		262.40 *		T

ESTIMATE RECALL NUMBER: 06/03/2018 09:31:49 CAPA-0082229500102

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Date: 5/30/2018 03:12 PM
 Estimate ID: CAPA-0082229500102
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 Supplement: 1 (F F) 5/30/2018 03:06:41 PM
 FINAL
 Profile ID: * MERCURY

* - Judgment Item
 # - Labor Note Applies
 C - Included in Clear Coat Calc
 r - CEG R&R Time Used For This Labor Operation

Prior Damage:
 dings/scratches

Estimate Totals

I. Labor Subtotals						II. Part Replacement Summary			
	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals				Amount
Body	13.0	42.00	0.00	0.00	546.00	Taxable Parts			3,809.04
Refinish	8.2	42.00	0.00	0.00	344.40	Parts Adjustments			189.66-
Mechanical	2.7	61.00	0.00	0.00	164.70	Sales Tax	@	9.500%	343.86
Non-Taxable Labor					1,066.10	Non-Taxable Parts			55.00
Labor Summary	23.9				1,066.10	Parts Adjustments			11.00
						Total Replacement Parts Amount			4,029.34
III. Additional Costs					Amount	IV. Adjustments			
Taxable Costs					262.40	Insurance Deductible			500.00-
Sales Tax					24.93	Customer Responsibility			500.00-
@									
9.500%									
Total Additional Costs					287.33				
Paint Material Method: Rates									
Init Rate = 32.00 , Init Max Hours = 99.9, Addl Rate = 0.00									
						I. Total Labor:			1,065.10
						II. Total Replacement Parts:			4,029.34
						III. Total Additional Costs:			287.33
						Gross Total:			5,371.77
						IV. Total Adjustments:			500.00-
						Net Total:			4,871.77
						Less Original Net Total:			4,808.22
						Net Supplement Amount:			63.55
						S1: Gabriel Yepremian			63.55

THIS ESTIMATE HAS BEEN PREPARED BASED ON THE USE OF CRASH PARTS SUPPLIED BY A SOURCE OTHER THAN THE MANUFACTURER OF YOUR MOTOR VEHICLE. ANY WARRANTIES APPLICABLE TO THESE REPLACEMENT PARTS ARE PROVIDED BY THE MANUFACTURER OR DISTRIBUTOR OF THE PARTS, RATHER THAN BY THE ORIGINAL MANUFACTURER OF YOUR VEHICLE.

ESTIMATE RECALL NUMBER: 06/03/2018 09:31:48 CAPA-0082229500102
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Point(s) of Impact

1 Right Front Corner (P)

Insurance Co: MERCURY INSURANCE CO

Inspection Site: JIM AND JACK'S COLLISION CENTER
 Address: 555 PACIFIC COAST HWY
 HERMOSA BEACH, CA 90264-4858
 Inspection Date: 4/19/2018

Body Shop: JIM AND JACKS COLLISION CENTER
 Address: 1605 E. GRAND AVE
 EL SEGUNDO, CA 90246
 Telephone: (310) 322-5733

PURSUANT TO CALIFORNIA CODE OF REGULATIONS, TITLE 10, CHAPTER 5,
 SUBCHAPTER 7.5, SECTION 2695.8 THE INSURER WARRANTS THAT ANY
 NON-ORIGINAL EQUIPMENT MANUFACTURER PARTS SPECIFIED IN THIS ESTIMATE
 ARE AT LEAST EQUAL TO THE ORIGINAL EQUIPMENT MANUFACTURER PARTS IN
 TERMS OF KIND, QUALITY, SAFETY, FIT AND PERFORMANCE.

*****Inspection Summary Information*****

Vehicle arrival date:04/19/2018
 Was vehicle driven in, towed in or delivered by Road America:drive in
 Inspection date:04/20/2018
 Number of business days to repair:10
 Target date:05/17/2018
 Number of photos:69
 Was the estimate given to the owner:yes
 Send payment to facility:yes
 Is the vehicle an Estimate Only, Repairable Loss or Total
 Loss:repairable loss

*****CARS Alternate Part Summary*****

Were Alternate Parts available:not available

LKQ /Lakenor phone number: 562-944-6422
 LKQ /Lakenor reference number:C0161607

2nd LKQ Part source and phone number:909/428-6898 K&P
 2nd LKQ Part reference number:1308761

ESTIMATE RECALL NUMBER: 05/03/2018 09:31:49 CAPA-0082229500102
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 Profile ID: * MERCURY

Jim and Jack's Auto Body

1605 E. Grand Ave., El Segundo, CA 90245
 (310) 322-5733
 Fax: (310) 640-7088
 Tax ID: 953441830 BAR #: AB-076404 EPA #: CAD02813639

Supplement Delta Report
 Comparison of Estimate CAPA-0082229500102 Supplement 0 and Supplement 1

Damage Assessed By: CARLOS KU
 Supplemented By: Gabriel Yepremian
 Insured: MICHAEL WHITEHILL
 Owner: Robin O'Reilly
 Vehicle Description: 2017 Toyota Prius Prime Premium
 Date of Loss: 4/10/2018

Line Item	Labor Type	Operation	Line Item Description	Part Type	Dollar Amount	Labor Units	CEG Unit
Changed Entries							
8	BDY	REMOVE/REPLACE	R Frt Bumper Clip	80467-05170	3.64 *	INC	T
S1 8	BDY	REMOVE/REPLACE	R Frt Bumper Clip	80467-05170	1.18 * <	INC	T
Deleted Entries							
9			3 clips needed			0.0	
Added Entries							
S1 35	BDY	REMOVE/REPLACE	CLEAR DOOR EDGE GUARD	Sublet	55.00 *	0.0*	
S1 36			Line Markup %20.00		11.00	0.0	
42	BDY	REMOVE/INSTALL	Rear Seat Assy			0.0*	0.6

Global Changes

No Deductible, Customer Responsibility, Labor Rate, or Part Adjustment changes were made.

	Amount
Original Estimate:	4,808.22
Supplement 1	63.56
Orig Total Tax	368.99
Supp 1 Total Tax	368.78
Net Supplement Amount	63.56
Net Total	4,871.77
Supp 0	7.1.227
Supp 1	7.1.228
Program Calc Versions	
Data Versions	
	MAR_18_V
	MAY_18_V

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06/13/2018



P.O. Box 3698
ALHAMBRA, CALIFORNIA 91803
(310) 729-2983

m

SOLD BY

NAME

ADDRESS

CITY

☐ CASH

☐ CHARGE

☐ MERCHANDISE RETURNED

☐ C.O.D.

☐ PAID OUT

☐ PAID ON ACCOUNT

QTY	DESCRIPTION	PRICE	AMOUNT
1	Clear Edge	25.00	
2	Hour Key	30.00	
3			
4			
5			
6	Privs		
7	94197		
8			
9			
10			
11			
12			
13			
14			
15			
16			

RECEIVED BY

TOTAL

55.00

No

65672

THANK YOU