Financials > Payment Setup > Payment Details >

Payment Summary

EFT/Check #:			Cashed Date:	
Payee:	BELL GARDENS AUTO BODY and DIANE M. ALVAREZ			
Mail To:	BELL GARDENS AUTO BODY		Payment Amount:	660.14 USD
	8217 EASTERN AVE, BELL GARDENS, CA 90201-6110 US			
In Payment For:	Loss on 5/28/2009.			
Invoice Date:		Invoice #:	Invoice Amount:	
Payment Method:	System Issued	Dates From:	To:	
Issued By:	STEVE ROYCE	Issue Date:	Company:	Allstate Indemnity Co...

Additional Comments: **In payment for Collision for Date of Loss 5/28/2009.**

Payment Type	Method of Settlement	Transaction Reason	Svc. Benefit Type	Billed Amount	Amount To Pay
Claim #: [redacted]		Insured: [redacted]			
[redacted] Collision					
Loss Payment	Field	Regular Collision	Services		660.14 USD

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