



LIST OF EXPENSES

CLIENT NAME:

DATE:

Please provide a list of all expenses incurred, beginning from the date of incident/injury to present.

| Date | Name of Service Provider/Description of Service Details of Mileage (Destination/Distance) | Receipt (Y/N) | Amount |
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| TOTAL | | | |

The information in this form is true and complete. I realize that it is against the law to make a false or exaggerated claim.