<u>Name</u>								
Date:	Description of Expenses	Meals:	Motels:	Vehicle:	Supplies:	Office:	Total:	
							\$	_
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							\$	
Γotals <u>:</u>		<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	\$	
<u>Date:</u>				Signature of Claimant				