Schedule of expenses

Full name

Accident date

There are two separate parts of your claim:

1. Past and future financial losses and expenses caused by the accident or workplace illness, such as loss of earnings, travelling expenses, cost of treatment.

2. Your injuries.

The table below will help you keep a note of your expenses.

Date	**Item of Expense**	**Receipts/tickets/ invoices** (Y/N)	**Amount claimed**

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