

**2021  
MEDICAL EXPENSE WORKSHEET**

<b>NAME</b>	<b>NAME</b>	<b>NAME</b>
<b>SIN</b>	<b>SIN</b>	<b>SIN</b>

<b>PRESCRIPTIONS:</b>	\$	\$	\$
<b>DENTAL:</b>	\$	\$	\$
<b>OPTICAL:</b>	\$	\$	\$
<b>CHIROPRACTOR:</b>	\$	\$	\$
<b>OTHER:</b>	\$	\$	\$
<b>OTHER:</b>	\$	\$	\$
<b>OTHER:</b>	\$	\$	\$
<b>TOTAL MEDICAL EXPENSES:</b>	\$	\$	\$

**TRAVEL SUMMARY (FROM TRAVEL WORKSHEET):**

<b>LODGING COST (Hotel &amp; other):</b>	\$	\$	\$
<b>NO. OF PEOPLE:</b>			
<b>NO. OF DAYS:</b>			
<b>NO. PEOPLE X MEALS X \$23</b>	\$	\$	\$
<b>NUMBER OF KM'S x \$.51</b>	\$	\$	\$
<b>AIRFARE/BUS/OTHER</b>	\$	\$	\$
<b>TAXIS, PARKING, ETC.</b>	\$	\$	\$
<b>TOTAL TRAVEL EXPENSES:</b>	\$	\$	\$

<b>MEDICAL PREMIUMS:</b>	\$	\$	\$
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**Please attach all medical expense receipts  
(See 2<sup>nd</sup> page)**

