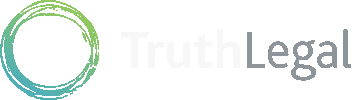
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**Expenditure Record**

*Claimant’s Details*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your Surname | Mr/Ms/Miss/Mrs  *(please circle)* | | | | |
| Your Other Names |  | | | | |
| Your Occupation |  | Date of Birth |  |  |  |
| Your Address  *(Please include your postcode)* |  | | | | |
| Your Telephone Number(s) |  | | | | |

*Articles Purchased (replacement of property damaged or needed as a result of your injury)*

|  |  |  |  |
| --- | --- | --- | --- |
| Date Purchased | Item Purchased | Reason for Purchase | Cost £ |
|  |  |  |  |

*Prescriptions and Medication*

|  |  |  |  |
| --- | --- | --- | --- |
| Date Purchased | Medication | Prescribed? | Cost £ |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |

*Treatment, Fees and Expenses*

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of Treatment | Name of Practitioner | Nature of Treatment | Cost £ |
|  |  |  |  |
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*Travelling Expenses*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Purchased | Method of Travel | Distance | Reason | Cost £ |
|  |  |  |  |  |
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