

# 2010 Medical Expense Worksheet

Name: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

Name: \_\_\_\_\_ S.I.N.: \_\_\_\_\_

\$

Prescriptions \_\_\_\_\_

Dental \_\_\_\_\_

Medical Premiums \_\_\_\_\_

Chiropractor \_\_\_\_\_

Optical \_\_\_\_\_

Other - \_\_\_\_\_

Other - \_\_\_\_\_

Other - \_\_\_\_\_

Travel \$ \_\_\_\_\_

Meals - \_\_\_\_\_ # of meals x \$ 17 /meal \_\_\_\_\_

Travel - \_\_\_\_\_ # of km x \$ 0.515 /km \_\_\_\_\_

Accommodations \_\_\_\_\_

Total Medical Expenses \_\_\_\_\_

**Please attach medical receipts**