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| --- | --- | --- | --- | --- | --- | --- |
| **JENNIFER ALVARADO OUT-OF-POCKET EXPENSES/HEALTH CARE EXPENSES** | | | | | | |
| **Date Month Day, Year** | **Health Practitioner/Clinic** | **Return Kilometres Traveled** | **Travel Expenses ($0.50/km)** | **Parking Expenses** | **Treatment Expenses** | **Misc Expenses** |
| $$$PSROW$$$ |  |  |  |  |  |  |
|  | | **$$$PSTRKT$$$** | **$$$PSTE$$$** | **$$$PSTPE$$$** | **$$$PSTTE$$$** | **$$$PSTME$$$** |
|  | | | | | | **$$$PST$$$** |