



**CLAIMCENTER**  
**CASH RECEIVED FORM**

<p>Insured Name: _____</p> <p>Received From: _____</p> <p>Date Received: _____</p> <p>Amount Received: _____</p> <p>Money Order or Check No.: _____</p> <p>Date of Check or Money Order: _____</p> <p>Claim Office: _____</p> <p>Business Unit: _____</p>	<p>Cost Type: _____</p> <p>Recovery Category: _____</p> <p>Expense Code: _____</p> <p>Receipt No.: _____</p>
<p>Completed By: _____ Date: _____</p> <p>Claim Number: _____</p> <p>Policy Number: _____</p>	