

MACHINERY PURCHASED – List date, item purchased, amount paid and trade item if any

PICKUP AND AUTO INFORMATION:

Total Pickup Miles _____ Business Miles _____ Pickup Expenses _____

Total Auto Miles _____ Business Miles _____ Auto Expenses _____

MEDICAL EXPENSES: Insurance, Drugs, Out-of-pocket expenses, mileage, lodging, and reimbursements

CHILD CARE EXPENSES: List name, address, and social security number of provider and amount paid