

# Additional Living Expense Worksheet

**Claim Information**

Insured:

Claim Number:

Claim Representative:

Date of Loss:

Date Prepared:

Time Period      From:       To:

	Quantity	Units	Unit Cost	Cost Incurred	Less Amount Normally Spent	Additional Cost Incurred	Reduction in Normal Expense
<b>Housing</b>				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
				\$0.00		\$0.00	\$0.00
<b>Utilities</b>							
Heating Oil				\$0.00		\$0.00	\$0.00
Gas				\$0.00		\$0.00	\$0.00
Water				\$0.00		\$0.00	\$0.00
Telephone - Cell Phone				\$0.00		\$0.00	\$0.00
Electricity				\$0.00		\$0.00	\$0.00
Sewer				\$0.00		\$0.00	\$0.00
Cable TV/Satellite				\$0.00		\$0.00	\$0.00
Internet Service				\$0.00		\$0.00	\$0.00
Other				\$0.00		\$0.00	\$0.00
<b>Meals</b>							