

# Medical Expense Worksheet

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

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

Farm Name:

Year:

**2023**

Revenue	MEDICAL TYPE	Amount
	Prescription	\$ -
	Dental	\$ -
	Private Health Care (Blue Cross)	\$ -
	Chiropractor	\$ -
	Optical	\$ -
	Physio	\$ -
	Acupuncture	\$ -
	Parking	\$ -
	Other	\$ -
Gross Income	TOTAL	\$ -

MEALS/TRAVEL	# of	Rate/ Meal	
Meals-	0	\$ 23.00	0
Travel/km 0.53 (AB) / 0.565 (BC)	0	0.53	0
Accommodations			0
		<b>TOTAL TRAVEL</b>	<b>0</b>

**TOTAL MEDICAL EXPENSES**

\$ -

*Please attach medical receipts*

Date of Trip   Destination   # of Meals   Round Trip Mileage   Reason for Trip   Patients   Accommodations

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0

0

0

2023

Description	Prescription	Dental	Premium Private Health Care (ie Blue Cross)	Chiropractor	Optical	Physiotherapy	Acupuncture	Parking	Other
Safeway	\$ 45.00								
GP Physio	\$ -				\$ 50.00				

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