Expenses

Your Name: _____

Company Involved: _____

_____

Please list out-of-pocket expenses, public transportation, mileage and lost work time relating to your problem and trying to correct it. *If you can, provide receipts or bills for these expenses. Try to get receipts for any future expenses. If you take public transportation, don't forget to note the expense. If you have to miss work, enter the date, amount of time you lost and your rate of pay.* If you need extra space, make additional copies of the back of this page.

Date	Amount	What Was Expense Paid For? (postage, copies, fax, phone, transportation, etc.)

Yvonne W. Rosmarin Consumer Protection

Attorney at Law

58 Medford Street ! Arlington, MA 02474

Tel 781-648-4040 ! Fax 781-643-6164 ! YRosmarin@abanet.org

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