



ALE Worksheet

Claim Information

Insured:	<input type="text"/>	Claim Number:	<input type="text"/>
Loss Address:	<input type="text"/>	Date of Loss:	<input type="text"/>
Insurance Company:	<input type="text"/>	Cause of Loss:	<input type="text"/>

Time Period **From:** **To:**

Days/Month	Incurred Expense after Loss	Normal Expense before Loss	Additional Cost Incurred	Receipts (Y/N)	Notes
------------	-----------------------------	----------------------------	--------------------------	----------------	-------

MEALS

While staying in accommodations without cooking facilities		\$ -	\$ -	\$ -		
--	--	------	------	------	--	--

TRANSPORTATION

Additional Miles to commute		\$ -	\$ -	\$ -		
Rideshare, taxi, buses		\$ -	\$ -	\$ -		
Other		\$ -	\$ -	\$ -		

HOUSING

Hotel		\$ -	\$ -	\$ -		
Rental Property		\$ -	\$ -	\$ -		
Staying with family or friends after loss		\$ -	\$ -	\$ -		
Other		\$ -	\$ -	\$ -		

UTILITIES-TEMP LOCATION

Electricity		\$ -	\$ -	\$ -		
Heating		\$ -	\$ -	\$ -		
Water/Sewer		\$ -	\$ -	\$ -		

Internet/Cable		\$ -	\$ -	\$ -		
Other		\$ -	\$ -	\$ -		
MISC						
Pet Boarding		\$ -	\$ -	\$ -		
Furnishings		\$ -	\$ -	\$ -		
Laundry/Dry Cleaning		\$ -	\$ -	\$ -		
Connect/Disconnect Fees		\$ -	\$ -	\$ -		
Other		\$ -	\$ -	\$ -		

Subtotal:	\$ -
Less Prior Payments:	
Total Reimbursement:	\$ -