

**TORT EXTRA EXPENSE FORM**

**CLAIMANT NAME:** \_\_\_\_\_

**DATE OF LOSS:** \_\_\_\_\_

**NATURE/TYPE OF EXTRA EXPENSE  
(MOVING, RENTAL, ETC.)**

**NAME OF COMPANY OR PERSON**

**TOTAL  
COST**

**DATE  
INCURRED**

**INVOICE  
NO.**

1

2

3

4

5

6

7

8

9

10

**COMPLETED BY:** \_\_\_\_\_

**DATED:** \_\_\_\_\_