



DICKSON DAVIS LAW FIRM

Medical Expenses Log Form

Name: \_\_\_\_\_ Beginning Date: \_\_\_/\_\_\_/\_\_\_

Table with columns: Date, Payment Type (Cash/Check/Credit Card), Ref. No., Vendor, Purpose (or Description), Total Amount. Includes a TOTAL AMOUNT row at the bottom.

DICKSON DAVIS LAW FIRM, LLC ■ 439 CONGAREE ROAD ■ P.O. BOX 6 ■ GREENVILLE, SOUTH CAROLINA ■ 29607
864.729.3424 TEL ■ 864.752.1424 FAX ■ WWW.DICKSONDAVISLAW.COM ■ INFO@DICKSONDAVISLAW.COM