

## Claims Managers

832 E. Davidson Ave.  
Your Town, FL 11111  
Office: 555-514-1234  
FAX: 555-514-9012

### Activity Log

Claim No. **SAMPLE**

File No.	Policy No.	Date of Loss	Report	Report Date	Adjuster
A-0001	0554874	02/08/2004	First and Final	12/27/2004	John Doe

  

Date	Time	Type	Description	Qty	Unit	Rate	Extended
2/4/2001		Mileage	Travel to site	50.00	miles	0.60	30.00
2/4/2001		Service Hours	Travel time	1.00	hrs.	0.00	0.00
2/4/2001		Telephone	Calls to office	10.00	min.	0.15	1.50
2/5/2001		Service Hours	Meeting with insured	0.50	hrs.	0.00	0.00
2/5/2001		Service Hours	On-site visit	2.00	hrs.	0.00	0.00
2/5/2001		Administrative	Claim	1.00	hrs.	0.00	0.00
2/5/2001		Photocopies		10.00	ea.	0.05	0.50
2/5/2001		Service Hours	Meeting with insured	0.50	hrs.	0.00	0.00
2/5/2001		Express Mail	FedEx	1.00	ea.	21.00	21.00
2/5/2001		Telephone	Call to office	33.00	min.	0.15	4.95
2/5/2001		Photos		5.00	ea.	1.50	7.50
4/19/2001		Mileage	Drive to site	50.00	miles	0.85	42.50
4/19/2001		Food	Dinner meeting	5.00	ea.	50.00	250.00
<b>Total:</b>							<b>\$357.95</b>