**2023 Medical Expense Worksheet**

Name: Name:

 $

Prescriptions

Dental

Medical Premiums (private health care plans i.e. Blue Cross)

Chiropractor

Optical

Other –

Other –

Other –

Travel –

 $

 Meals – # of meals x $ 23/meal

 Travel – # of km x $ 0.53 /km\*\*

 Accommodations

Total Medical Expenses

 **Please attach medical receipts and other supporting documents**

**\*\* Please note at the time of printing, CRA has not published the Kilometer rate. Provide us with the # of KM and the accountants will fill in the rate and the totals.**