

Medical Expense Worksheet

Name: _____ S.I.N.: _____

Name: _____ S.I.N.: _____

Farm Name:

Year:

2024

Revenue

MEDICAL TYPE	Amount
Prescription	\$ -
Dental	\$ -
Private Health Care (Blue Cross)	\$ -
Chiropractor	\$ -
Optical	\$ -
Physio	\$ -
Acupuncture	\$ -
Parking	\$ -
Other	\$ -

Gross Income

TOTAL \$ -

MEALS/TRAVEL	# of	Rate/ Meal	
Meals-	0	\$ 23.00	0
Travel/km 0.545 (AB) / 0.575 (BC)	0	0.545	0
Accommodations			0
TOTAL TRAVEL			0

TOTAL MEDICAL EXPENSES

\$ -

Please attach medical receipts

CRA Link: [CRA Allowable Medical Expenses](#)

Medical Practitioners by Prov: [CRA Allowable Medical Practitioners by Province](#)

Medical Travel Rates: [Travel and Meal Rates](#)

