

											Water Mitigation Audit Results							
									Client Netwo	ork Vendor		WEM 1 & 2 Results				Fees		
Date Claim Received	Date Claim Assigned	Date Claim Closed	Assigned Cycle Time - Business Days	eProperty ID No.	Claimant Last Name	Client Claim No.	Adjuster Name	Yes or No or N/A	Water Mitigation Vendor	Vendor City, State, and Zip	Original Invoice Amount		WEM Variance	WEM1	WEM2		Full Service	Total \$s
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