

													Water Mitigat	ion Audit Res	sults		
									Client Netwo	rk Vendor		WEM 1 & 2 Resu	ults		F	ees	
Date Claim Assigned	Date Claim Closed	Cycle Time - Business	eProperty ID No.	Claimant Last Name	Client Claim No.	Loss State	Adjuster Name	Yes or No or N/A	Water Mitigation Vendor	Vendor City, State, and Zip	Original Invoice Amount	WEM Audit Amount	WEM Variance	WEM1	WEM2	Full Service	Total \$s
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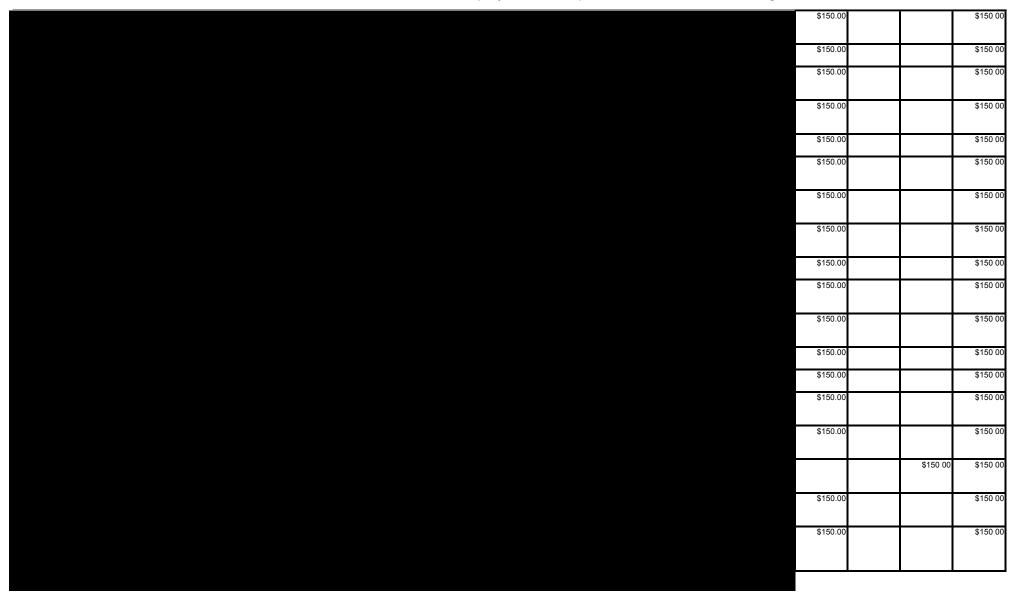


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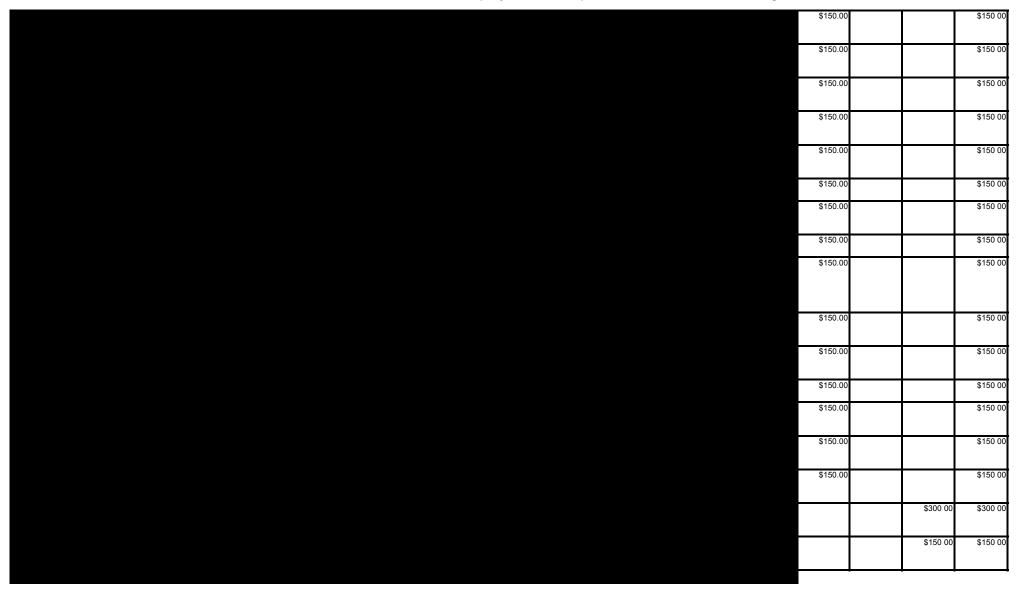


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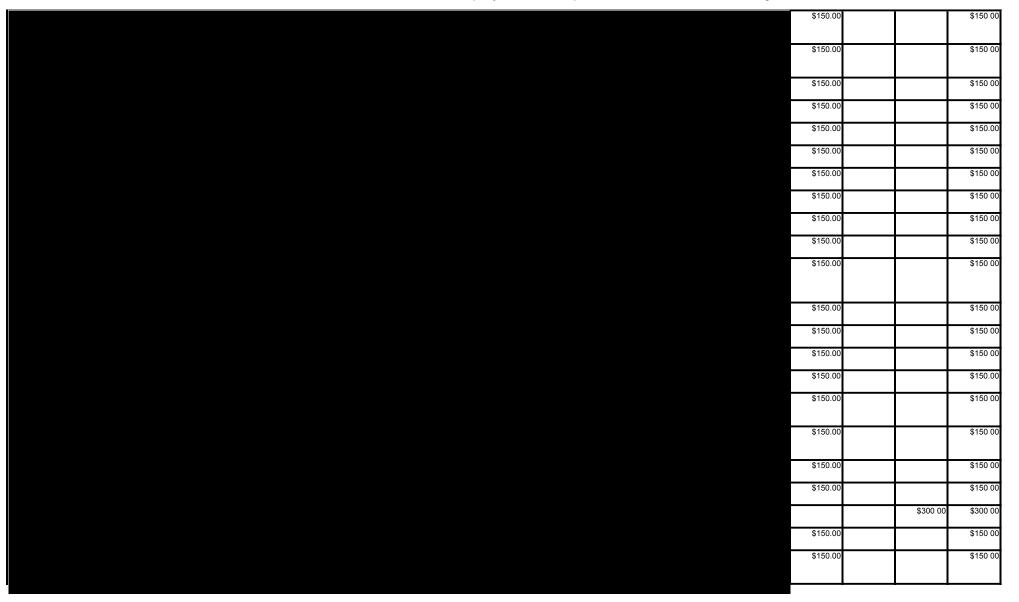


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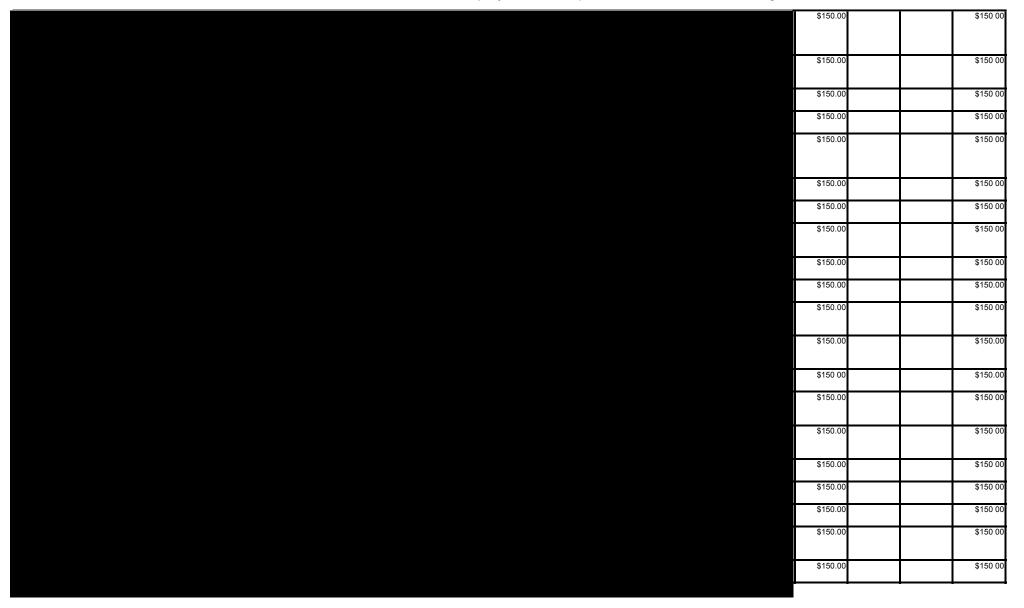


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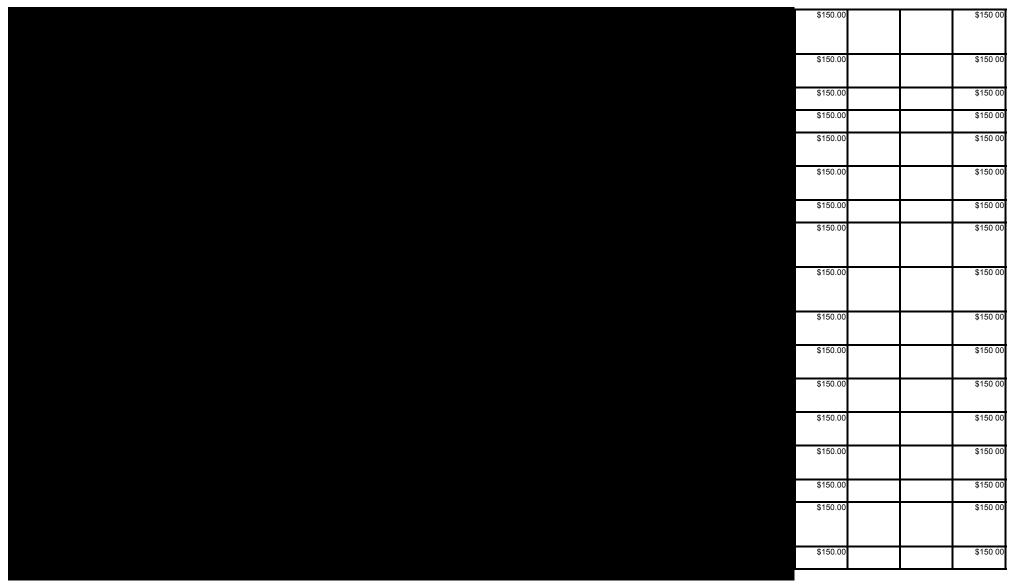














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