

										Water Mitigation Audit Results								
							Client Network Vendor				14		ulto			Ea		
Date Claim	Date Claim	Assigned	Claimant	Client	Loss	Adjuster Name	Yes or	Water	Vendor City, State,	Original	WEM Audit		WEM 2	Complete Dry	WEM1	Fe WEM2	es Full Service	Total \$s
Assigned	Closed	Cycle Time - Business	Last Name	Claim No.	State		No or N/A	Mitigation Vendor	and Zip	Invoice Amount	Amount	Variance	Completed	logs at submission				
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