# DGA DETECTIVES

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**File Number:** _____
**Client:** _____

**Case Title:** _____
**Claim Number:** _____ **Page** _____ **of** _____

| Investigator Initials | Date | Time | Investigator Hours | Investigator Rate | Investigative Services Fee | Investigative Services Service | Field / Administrive Expense Fee | Field / Administrive Expense Purpose | Activity Log |
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| **Totals** | | | | | | | | | **Case Hours and Expense Report Form** |

Rev 7/03