AUTO INSURANCE EXPENSE TRACKING SPREADSHEET

Policy Holder		**Insurance Provider**	
Policy Number		**Coverage Period**	
Vehicle Make/Model		**VIN**	

DATE	TRANSACTION DESCRIPTION / CATEGORY	INVOICE/REF NO.	PREMIUM PAID ($)	DEDUCTIBLE PAID ($)	OTHER FEES ($)	TOTAL PAID ($)

Total Premiums Paid	
Total Deductibles Paid	
Total Other Fees	
Total Annual Cost	

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