

ITEMIZATION OF CHARGES

Provider Name: _____ Comp. Contract #: _____

Address: _____

Phone: _____ Manager: _____

Beneficiary Name: _____ Contract Date: _____

A. CHARGES FOR SERVICES SELECTED:

- 1. Professional Services
 - "Non-declinable" Services of Funeral Director/Staff.....\$ _____
 - Embalming..... _____
 - Other preparation of the body..... _____
 - 2. Facilities and Related Staff Charges
 - Use of Facilities and Staff Services for Viewing..... _____
 - Funeral at Facility or Other Location and Staff Services.. _____
 - Memorial Service at Facility or other Location
and Staff Services..... _____
 - Graveside Equipment and Staff Services..... _____
 - Refrigeration of Remains..... _____
 - 3. Automotive Equipment
 - Transfer of Remains to Funeral Home..... _____
 - Hearse (Funeral Coach)..... _____
 - Use of Limousine(s)..... _____
 - Use of Automotive Equipment for Flowers/
Clergy/Filing Documents..... _____
 - Others..... _____
 - _____..... _____
 - Package _____..... _____
- TOTAL OF SERVICES SELECTED** _____

B. CHARGES FOR MERCHANDISE SELECTED:

- Casket or other receptacle..... _____
 - Outer Burial Container..... _____
 - Acknowledgment Cards..... _____
 - Register Books..... _____
 - Memorial/Service Folders - Prayer Cards..... _____
 - Burial Clothing..... _____
 - Religious/Fraternal Articles or Emblems..... _____
 - Cremation Urn..... _____
 - Other..... _____
 - Other..... _____
 - Michigan Sales Tax..... _____
- TOTAL MERCHANDISE SELECTED** _____

C. SPECIAL CHARGES

- Forwarding of remains to
_____.....\$ _____
 - Receiving remains from
_____..... _____
 - Immediate Burial..... _____
 - Direct Cremation..... _____
- TOTAL OF SPECIAL CHARGES** _____

D. CASH ADVANCES

- Cemetery Charges (Interment, entombment)..... _____
- Vault Setting Charges..... _____
- Crematory Charges..... _____
- Grave Marker Lettering..... _____
- Transportation..... _____
- Clergy Honorarium..... _____
- Organist Honorarium..... _____
- Soloist Honorarium..... _____
- Flowers..... _____
- Paid Death Notices..... _____
- Certified Copies of Death Certificates
Number _____..... _____
- Lunch _____..... _____
- Others _____..... _____
- _____..... _____

"We charge you for our services in obtaining the following cash advances."

- 1. _____..... _____
- 2. _____..... _____

TOTAL CASH ADVANCES _____

- Total Goods and Services.....\$ _____
- Pre-Need Discount.....\$ _____
- Contract Price.....\$ _____
- *Pre-Need Services/Commission.....\$ _____

TOTAL CASH PRICE _____

**SUMMARY
CHARGES**

- A. Services.....\$ _____
- B. Merchandise.....\$ _____
- C. Special Charges.....\$ _____
- D. Cash Advances.....\$ _____