

MEDICAL EXPENSE LOG

Cause No.: _____

EXHIBIT _____

SPREADSHEET FOR OUT-OF-POCKET S GIVEN TO (OTHER PARTY): _____

#	DATE OF BILL	PURPOSE	NAME OF CHILD	AMOUNT PAID BY PARENT INCURRING COST	DATE SUBMITTED TO THE OTHER PARENT

Total amount paid by Parent \$ _____

Other parent's portion – 50% (or amount specified in order) \$ _____

Total amount paid/reimbursement by other parent \$ _____