

Shared Placement Variable Costs Table

Date of Expense	Name of Child	What was purchased	Vendor-where was it purchased	Total amount of expense	Amount Paid by Me	Date claim was submitted to other parent	How claim was submitted to other parent (for example, by mail from me, personally delivered, etc.)	Amount I Believe the Other Parent Owes
TOTALS				\$	\$			\$

Use additional copies of this Table if all the claims cannot fit on one page. To support your motion, you should attach a copy of the receipt for each claim to verify the amount paid by you and the remaining portion that is the responsibility of the other party. You must provide copies to the Court and all parties.