

MEDICAL & TRAVEL INSURANCE EXPENSE LOG

Insured Person Name:

Policy Number:

Insurance Provider:

Claim Reference Number:

Departure Date:

Return Date:

Destination Country:

Emergency Contact No:

DATE	CATEGORY	DESCRIPTION / PROVIDER DETAILS	CURRENCY	ORIGINAL AMOUNT	CLAIM DOC REF	REIMBURSED AMOUNT	OUT OF POCKET

TOTAL EXPENSES INCURRED

TOTAL CLAIMED AMOUNT

TOTAL REIMBURSED

TOTAL OUT-OF-POCKET COST

Claimant Signature & Date

Authorized Reviewer Signature & Date

