



Client Name (printed) _____

Client Receipt Forms: To be used for all shopping/laundry transactions involving Cash/Check/EBT card

Date _____		
Amt of Cash/Check received _____	Client Signature _____	Aide Initials _____
Amount of Purchase _____	Item Descriptions (Ex. groceries) _____	
Receipt returned to Client? <input type="checkbox"/> YES <input type="checkbox"/> NO	(Explain) _____	
Amt of Cash Returned by Aide _____	Client Signature _____	Aide Initials _____

Date _____		
Amt of Cash/Check received _____	Client Signature _____	Aide Initials _____
Amount of Purchase _____	Item Descriptions (Ex. groceries) _____	
Receipt returned to Client? <input type="checkbox"/> YES <input type="checkbox"/> NO	(Explain) _____	
Amt of Cash Returned by Aide _____	Client Signature _____	Aide Initials _____

Date _____		
Amt of Cash/Check received _____	Client Signature _____	Aide Initials _____
Amount of Purchase _____	Item Descriptions (Ex. groceries) _____	
Receipt returned to Client? <input type="checkbox"/> YES <input type="checkbox"/> NO	(Explain) _____	
Amt of Cash Returned by Aide _____	Client Signature _____	Aide Initials _____

Date _____		
Amt of Cash/Check received _____	Client Signature _____	Aide Initials _____
Amount of Purchase _____	Item Descriptions (Ex. groceries) _____	
Receipt returned to Client? <input type="checkbox"/> YES <input type="checkbox"/> NO	(Explain) _____	
Amt of Cash Returned by Aide _____	Client Signature _____	Aide Initials _____