

Provider Name:

Individual's Name:

Month/Year:

Balance from prior month:

N/A

Ledger Type

Food Stamps

Gift Card

(Card Name)

Personal Cash

Checking Account

Savings Account

Other

(Card Name/ Details)

Date	Description of Transaction	Withdrawal	Deposit	Balance	Signature of Staff/Individual

* Accounts should be reconciled by the provider every 30 days. For reconciliation, someone other than staff who handle personal funds must review the ledger.

First Review of Ledger:

(Sign/Date)

Reconciliation of Ledger:

(Sign/Date)