

**PROGRESS INC.
CLIENT MONTHLY SPENDING RECORD**

Client Name

Date

Payee

Check Amount

Check Number

Please separate all spending to the appropriate columns

FOOD SPENDING ** food spending is total food budget less food stamps

Date	Store or Vendor Name	Item(s) Description	Item(s) Cost
Food Total: \$			

PERSONAL SPENDING

Date	Store or Vendor Name	Item(s) Description	Item(s) Cost
Personal Spending Total: \$			

SUPPLIES SPENDING

Date	Store or Vendor Name	Item(s) Description	Item(s) Cost
Household Supplies Total: \$			

The undersigned hereby acknowledges receipt of total funds as listed above and certifies that the expenses shown are correct, purchased for use by the individual listed above and appropriate for their use.

_____ | _____
Staff Signature | **Date**

Personal Spending Requirements for Fiscal Accountability:

1. No "Carry Overs" are ever allowed. All money must be spent within the month check was written.
Client funds cannot be carried from one month to another.
2. The entire amount of check above must be accounted for with acceptable receipts/documentation.
Receipts must be itemized and include dates within the month, description of item purchased, etc.
3. Funds not accounted for with receipts will be submitted for automatic payroll deduction from staff responsible for client's funds and/or staff person to which check was originally written.
4. Receipts for multiple clients must be itemized in writing ON THE RECEIPT to indicate \$ amount for each client. Each client needs a copy of this receipt.
5. Complete one Personal Spending form for EACH client even if the check included more than one client.

PLEASE REFER TO ADMIN TRAINING DOCUMENTATION FOR COMPLETE REQUIREMENTS!