

**PROGRESS INC.
CLIENT PERSONAL SPENDING RECORD
(FOR DAY PROGRAM SPENDING ONLY)**

Individual's Name:

Date:

Amount received:

Transaction Date	Store or Vendor Name	Item(s) Description	Item(s) Cost

Total Spent: \$

Personal Spending Requirements for Fiscal Accountability:

1. ALL money received must be spent!!
Client funds cannot be carried from one month to another.
2. The entire amount of cash received must be accounted for with acceptable receipts/documentation.
Receipts for \$5 or more must be turned in/documented & receipts for less than \$5 must be documented
3. Failure to turn in receipts/documentation on time will result in disciplinary action & P/R deduction
4. The completed Personal Spending Record & receipts must be turned into Carolyn Huey by the 1st of each month.

PLEASE REFER TO ADMIN TRAINING DOCUMENTATION FOR COMPLETE REQUIREMENTS!

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