



317 W HILLCREST DRIVE, SUITE A, MORRISTOWN, TN 37813
PHONE: (423) 438-0202 FAX: (423) 438-0203

Funds Received & Disbursed

| | |
|------------------------------------|------------------------------|
| Client _____ | Caregiver _____ |
| Date: _____ | |
| Method of Payment: | |
| Check _____ | (#) _____ |
| Food Card _____ | |
| Cash _____ | |
| | Comments |
| Amount of money received \$ _____ | _____ |
| Amount of purchase \$ _____ | _____ |
| Amount of change returned \$ _____ | _____ |
| _____ Client Signature | _____ Caregiver Signature |

| | |
|------------------------------------|------------------------------|
| Client _____ | Caregiver _____ |
| Date: _____ | |
| Method of Payment: | |
| Check _____ | (#) _____ |
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