

CLIENT/RESIDENT CASH SHEET

(NOTE: Licensee is not required to use this form)

NAME OF CLIENT/RESIDENT:	FACILITY LICENSE NO.:
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YEAR _____ MONTH _____ ENTER DATE BELOW	CASH AMOUNT	SIGNATURE FOR CASH TRANSACTIONS	
		*FACILITY REPRESENTATIVE	**CLIENT/RESIDENT OR RESPONSIBLE PERSON

* Your signature signifies verification of the cash transactions.

** Your signature indicates that you have received cash from or deposited the above amount of cash with the facility on the date(s) indicated.