

Client Name: _____ Caregiver Name: _____ Month: _____

Date	Amount Received	Description of Item (i.e. groceries)	Cost of Item	Amount Returned to Client	Clients Initials

Every time the client gives you money to do something for them (pay bills, get breakfast, groceries, etc.) write it on this form. **Include transactions that take place using credit/debit/food stamp card.** Remember when running errands for the client, bring back receipt, correct change and always count the change back to them. Have them initial at the end of each errand. Return this form with your timesheets at the end of each payperiod.

Client Signature: _____ Date: _____

Caregiver Signature: _____ Date: _____