**Sanilac County Community Mental Health Authority**

**FUNDS RECORD**

**OUTINGS\_\_\_\_\_ BOWLING\_\_\_\_ GROCERIES\_\_\_\_ OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Name: | Case #: |
| Guardian/Payee Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |
| KEY: |
| B= Bowling | G = Groceries | P =Personal Spending | SH =Shopping | L = Out =Laundry Outing |
|  |  |  |  |  |  |  |  |
| Date | **Reason for Transaction** | **Staff Initials** | **Staff Initials** | **Amount Deposited** | **Amount Withdrawn** | **Balance Forwarded** |
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| Date Sent to Payee/Guardian |  | Staff Initials |  |  |  |  |  |
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