**Sanilac County Community Mental Health Authority**

**FUNDS RECORD**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | | | | | | Case #: | | | | | | |
| Guardian/Payee Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
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| 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| Date | | **Reason for Transaction** | | **Staff Initials** | | **Staff Initials** | **Amount Deposited** | | **Amount Withdrawn** | | | **Balance Forwarded** | |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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