

Month / Year \_\_\_\_\_

### Cash on Hand Ledger

Agency  
Provider #

Name of Individual \_\_\_\_\_

Prior Months/Page  
Ending Balance \_\_\_\_\_

Receipt #	Date	Description of expence	Amount	Balance	Staff initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					