

Month / Year _____

Checkbook Ledger and Receipt Log

Agency
Provider #

Name of Individual _____

Prior Month/Page Ending Balance _____

Receipt #	Date	check #	Description of expense	Amount of Check	Amount of Deposit	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							

Account Balanced on: _____

By: _____