

Shared Food Receipts Tracking (Non-Licensed Only)

Program _____ Beginning Date _____ Ending Date _____

Client Name	Food Stamp Amount

Date	Business	Food Total	Credit Card Amount	Food Stamp Amount
Totals				

Total Food _____ divided by # of clients _____ = _____ (food expense per person)

Name				
Total food/person				
Minus food stamps				
Amount to be invoiced				

**Scan to Program Director. Turn in with receipts at the end of the month.*