Shared Food Receipts Tracking (Non-Licensed Only)

Program	ProgramClient Name Food Stamp Amount	Date	Business	Beginr Food Total	Beginning Date Ending Date Date Business Food Total Credit Card Amount Food Stamp Amoun	Ending DateFood Stamp Amc
Client Name F	ood Stamp Amount	Date	Business	Food Total	Credit Card Amount	Food Stamp Ar
						The state of the s
					Harry Co. C.	

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

Totals

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

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

Choices In Community Living, Inc.