

Program: \_\_\_\_\_ # of Clients: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Client Name	Client #1	Client #2	Client #3	Client #4
EBT Carryover Amount	\$0.00	\$0.00	\$0.00	\$0.00
Load Amount	\$0.00	\$0.00	\$0.00	\$0.00
Total EBT Spent	\$0.00	\$0.00	\$0.00	\$0.00
EBT Amount Leftover	\$0.00	\$0.00	\$0.00	\$0.00

Client Name	Client # 1	Client # 2	Client # 3	Client # 4
<b>Total Food</b>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>EBT Used</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Healthy Benefits Used</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Invoice</b>	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Reconciled By: \_\_\_\_\_

10/2023