

EBT Tracking

Program: _____

of Clients: _____

Beginning Date: _____

Ending Date: _____

Food Total / # of clients = (Total Food)

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
Total Food	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EBT Used	\$0.00	\$0.00	\$0.00	\$0.00
Healthy Benefits Used	\$0.00	\$0.00	\$0.00	\$0.00
Invoice	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Notes For Fiscal:

Reviewed By: _____

Attached all EBT summaries and associated receipts with this paper.

Turn in with receipts at the end of each month.

Reconciled By: _____

Attached all EBT summaries and associated receipts with this paper.

Choices in Community Living, Inc.

10/2023