EBT Ledger for Licensed Programs

Program: _____ **Month:** _____

Client Name: _____ **Year:** _____

Date	Description	Starting Balance	Deposits	Withdraws	Balance	Staff Name
	Beginning Balance					
	Load					

Notes:

Please complete by hand & submit to your Supervisor with EBT Printout and Receipts Attached.

Reveiwed By: _____ Reconciled By: _____

Choices in Community Living, Inc. 12/2023