

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Companion Home Client Cash Ledger

CLIENT NAME						MONTH / YEAR		
DATE	REASON FOR EXPENSE OR DEPOSIT	CASH TAKEN OUT	AMOUNT SPENT	AMOUNT DEPOSITED / REDEPOSITED	BALANCE	RECEIPT?	PROVIDER'S INITIALS	CLIENT SIGNATURE WHEN RECEIVING CASH
	BALANCE FORWARD							
						<input type="checkbox"/> YES		
						<input type="checkbox"/> YES		
						<input type="checkbox"/> YES		
						<input type="checkbox"/> YES		
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						<input type="checkbox"/> YES		
RECONCILED BY:						DATE		

