TOWARD MAXIMUM INDEPENDENCE

Community Living Monthly Expense Ledger

Month _____ Year _____

Clients Name _____ CSF _____ Case Manager _____

Transaction Number (Corresponding Receipt)	Check Number	Date of transaction	Withdrawal from Checking Account	Deposit to Checking Account	Balance in Checking Account	Withdrawal from Savings Account	Deposit to Savings Account	Balance Savings Account	Description of Transaction	Participant Initial for Cash Withdrawal	Staff Initial

***SUBMIT WITH END OF MONTH PAPERWORK.**
***ATTACH RECEIPTS IN ORDER OF TRANSACTION.**

REV: 03/2015

Transaction Number (Corresponding Receipt)	Check Number	Date of transaction	Withdrawal from Checking Account	Deposit to Checking Account	Balance in Checking Account	Withdrawal from Savings Account	Deposit to Savings Account	Balance Savings Account	Description of Transaction	Participant Initial for Cash Withdrawal	Staff Initial