Individual Financial Record (Ledger)

MCAR 023-090-200 (i) If the Operator has been authorized by a resident or resident's legal representative to handle a resident's money, then there shall be a dated record of how the resident's money is spent and receipts retained for purchases over $5.00. Receipts shall not be required for purchases made by the resident himself/herself.

Resident Name:_____

TYPE of Account (Mark circle): ○ Cash ○ Checking ○ Savings

Signature Key:			
Name	Initials	Name	Initials

	INCOME		**EXPENSE**				
Date	**Income Source**	**Amount**	**Item Description**	**Amount**	**Balance**	**Receipt No.**	**Initials**

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