Provider Name:						
Individual's Name: Month/Year: Balance from prior month: N,		□ N/A	 Food Stamps Personal Cash Savings Account 		Ledger Type Gift Card [Checking Accourt Other [(Card Name) It (Card Name/ Details)
Date	Description of Transaction	Withdrawal	Deposit	Balance	Signature of Staff/Individual	
				-		
					-	
					0	
				8	-	
					7	

* Accounts should be reconciled by the provider every 30 days. For reconciliation, someone other than staff who handle personal funds must review the ledger.

First Review of Ledger:

Reconciliation of Ledger: