

Siddharth Services Inc.

In pursuit of overall well being

1650 Elm St. Unit #402, Manchester NH-03101

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Client's Monthly Financial Record

Personal Needs Allowance
 Wages
 Gifts/Other
 Clothing Funds
 Spend Down Funds
Check all that apply i.e. PNA, Wages, Gifts/Other
 Clothing Funds & Spend Down Funds must be documented on a separate Financial Record

Client Name: _____

Client Code: _____

Agency Name: Siddharth Services, Inc.

Month & Year: _____

DATE	RECEIPT	DESCRIPTION	CASH IN	CASH OUT	BALANCE
Money Spent Given to client	Yes, No, N/A	Where / what the money was spent on / used for	Deposited Obtained	Spent Given to Client	Amount of money remaining in Client fund
		<i>Previous balance from prior month/page</i>			

Staff / Provider Signature

Print Name & Title

Financial Record must be signed by individual recording the spending of client funds

The Clients' signature is required when \$10.00 or more is given directly to the client at any one time

A copy of the Financial Record with copies of receipts for individual purchases of \$30.00 or more MUST be submitted for Central Records

Client Wage and Gift receipts are not required

All original receipts must be attached to the original Financial Record and be maintained at the clients' residence.