Individual Food Stamp Ledger

Individual's Name: _____

Month/Year _____

Provider: _____

Individual Signature _____

ATTACH RECEIPTS FOR ALL FOOD STAMP EXPENDITURES.

Balance brought forward \$ _____

Date	Transaction Description	Deposit	Withdraw	Receipt #	Balance	Staff initials
	Amount Carried Forward					

Staff Signature: ______
Person Reconciling Signature: _____

Reconciled/Verified Date:

Please remember that someone other than the person handling the food stamps will need to reconcile the ledger once every thirty days.