



995 Worthington Street, Springfield, MA 01109
Telephone (413) 734-5376 FAX (413) 737-7949

FINANCIAL TRANSACTION RECORD

Program: _____

Participant Name: _____

Month/Yr. _____

Date	Transaction	Amount (+/-)	Balance	Staff initials	Consumer initials
	Beginning Balance				

Supervisors must reconcile the consumer funds on a monthly basis and sign below to acknowledge that this task was completed.

Supervisor Signature

Date

Mental Health Association, Inc.



995 Worthington Street, Springfield, MA 01109
 Telephone (413) 734-5376 FAX (413) 737-7949

DAILY BALANCE COUNT/REVIEW RECORD

Program: _____

Participant Name: _____

Month/Yr. _____

Date	Day Shift Balance	Staff Initials	Evening Shift Balance	Staff Initials	Overnight Shift Balance	Staff Initials	Supervisor Initials Verification of Balance
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Staff must count consumer funds during each shift. Supervisors must verify balances and sign off that balances are accurate at least weekly.