

Client Clothing Account Ledger

Office Use Only

Date Received ____/____/____

\$ Amount _____

Program/House _____

Resident Name _____

Manager Name _____

Last Four Digits of Card _____

Date Picked Up / / _____

Due Date / / _____

Purchase Date	Vendor	Purchase Amount	Returns	Balance	Purchaser's Initials
	Starting Balance				

Manager Approval and Review _____

Manager Name (Please Print) _____

*Approved Ledgers must be returned to Andrea Taichnar by due date shown above.

*Form available on Living Resources Home Page/Employee Page/Commonly Requested Forms/Finance/Client Clothing Ledger.