

**Money Management - PAYEE DISBURSEMENT RECEIPT**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Check: # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payable to: \_\_\_\_\_

Describe the Disbursement: \_\_\_\_\_

Cash, money order(s), clothing, gift card, personal spending, etc.

**I acknowledge that I have received the above described cash or goods.**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

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**The purpose of this receipt is to provide evidence that the client's funds were used for their benefit. Completed and signed forms are submitted to the program office.**

**Payees:** If you write a check to yourself, this disbursement receipt is required. Never make a check payable to "CASH". If you need to cash a check, make the check payable to yourself, and ask the client sign this receipt when you give them the cash. If a check is payable to an individual or business that is not listed on the monthly budget, this disbursement receipt is required. Attach the receipt(s) or the purchase to this form. Remember to have the participant or care provider sign this disbursement receipt when you give them cash or merchandise.

**Bill-Pay:** You would use this form if your client writes a check to you to reimburse you for a purchase or for you to get cash for them. Be sure to have the client sign this form when you give the cash or goods.

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