

**Human Resources Center, Inc.
Life Sharing Record of Income/Expenditures**

Client Name: _____ Provider: _____

Month/Year: _____/_____ Cash spending _____ Checking _____

Staff Initial	Date	Check#	Description	Cash or Deposit	Spent or Withdrawn	Balance
-----OPENING BALANCE (balance brought forward) -----						\$.
-----MONTHLY TOTALS -----						

Opening Balance _____
 Cash/Deposits (add) _____
 Sub Total _____
 Expenses (subtract) _____
 Closing Balance _____

