# FUTURES COMMUNITY SUPPORT SERVICES, INC.

Client Finance Reports

Client Name: _____ Month: _____

| | | | | Petty Cash Pouch | | | | Lock Box (For Community Homes Only) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Transaction | Code | X | Deposit | Withdraw | Balance | Int. | Deposit | Withdraw | Balance | Int. |
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Did you receive any correspondence regarding this individual's benefits this month? Yes _____ No _____

Were there any other changes to this individual's income? Yes _____ No _____

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE SEND DOCUMENTATION OF THIS CHANGE TO THE OFFICE !

Prepared by: _____ Date: _____

Program Director: _____ Date: _____

Checked by: _____ Date: _____

Codes:
- L - Living Expenses
- PC - Personal Cash
- C - Clothing
- MD - Medical
- M - Miscellaneous

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