

POCKET MONEY /CLIENT EXPENSE FORM

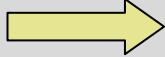
NAME _____

Dear Family / guardian please circle below specific items you have authorised our client to spend their pocket money on while in our care:

Movies, Videos, NRG activity like: Bowling, kayaking, football, excursion to Brisbane, Fast food or treat like ice cream etc.

Please list other items here: _____

THE SECTION BELOW IS FOR BCL STAFF USE ONLY

Money Out			Money Spent			Balance Left		
Date	Amount Taken:	Staff Name:	Date	Staff Name:	Amount Spent:	Balance On Hand	Reason for Expenditure	Receipt Attached
ENTER STARTING BALANCE HERE 						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		
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						\$		
						\$		
						\$		
						\$		

Balance returned to family: _____

Staff Member Signature: _____

Date: _____