



Security for People with Special Needs since 1990

office | 804.740.6930 toll free | 888.241.6039 fax | 804.740.6065

address | PO Box 29408, Richmond, VA 23242-0408

Receipts Ledger

Beneficiary Name: _____ Account Number: _____

Please complete this form when submitting receipts. Make copies of this form as needed for future use.

Please note:

- For SSI recipients, or Medicaid recipients in NC or PA: Do not include any food items.
- Please make sure copies of receipts are legible.

Receipt #	Date	Vendor	Items Purchased	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
				TOTAL: