

**XYZ HHA**

**Main Street**

**USA 88888**

[Phone number]

Patient/Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Receipt for Expenditure of Money**

\_\_\_\_\_, a XYZ HHA representative received \$ \_\_\_\_\_ for the purchase of

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

He/She purchased \$ \_\_\_\_\_ worth of items, \$ \_\_\_\_\_ of change was returned to me.

\_\_\_\_\_  
Signature of Client/Patient or Representative

\_\_\_\_\_  
Signature of Agency Representative