

NVFS Financial Ledger

Child's Name: _____

Month/Year: _____

Age of Child: _____

Recreation/Personal: _____ (Beginning balance)					Clothing Budget: _____ (Beginning balance)					Allowance: _____			
Date:	Purpose/Receipt #	Amount (+/-)	Balance	Initial (Parent & Child)	Date:	Purpose/Receipt #	Amount (+/-)	Balance	Initial (Parent & Child)	Date:	Amount (+/-)	Balance	Initial (Parent & Child)
												0	
												0	
												0	
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												0	
Total Ending Balance:			10.04		Total Ending Balance:			0		Total Ending Balance:		0	

SFC Worker Signature: _____

Date: _____

Foster Parent Signature: _____

Date: _____

Foster Child Signature: _____

Date: _____