

# RAD Caregiver/Client Financial Transaction Statement



Date of Transaction: \_\_\_\_\_

Cash: CG or CL <small>(circle one)</small>	Check	Credit
Amount Given:	CG Check    CL Check <small>(circle one)</small>	CG Credit Card    CL Credit Card <small>(circle one)</small>
Amount Spent:	Check Number:	Amount Charged:
Amount Returned:	Check Amount:	

I acknowledge that this transaction has occurred and that all monies are accounted for.

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Client Signature

*\* Receipt must be attached to this form and submitted to the office if the caregiver's check or credit card was used in order for RAD to proceed with billing and reimbursement.*

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