

**SPECTRUM COMMUNITY SERVICES
PERSONAL NEEDS ACCOUNT LEDGER**

CONSUMER: _____ MONTH: _____

DATE	DESCRIBE ITEM OR TRANSACTION MADE	PROVIDER INITIALS	BALANCE FORWARD \$_____	CONSUMER SIGNATURE
			+/-	
			Bal	
			+/-	
			Bal	
			+/-	
			Bal	
			+/-	
			Bal	
			+/-	
			Bal	
			+/-	
			Bal	
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			Bal	
			+/-	
			Bal	
			+/-	
			Bal	
			+/-	
			Bal	
			+/-	
			Bal	

Each transaction must be signed by the consumer at the time of the transaction. Ledgers are due to support staff on the first business day of the following month.

Reviewers Signature _____ Date _____