

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

SHOPPING WORKSHEET

*****IMPORTANT*****

1. Use one Shopping Worksheet per person. Do not combine purchases for several people on one worksheet.
2. Attach copies of store receipts and purchase approval documentation to this completed worksheet. Send packet to the Regional Finance Office.
3. Cash withdrawn from a person's account may only be spent on or by that person. If shopping for more than one person, **do not combine separate funds**. Each person's personal funds should only be spent on the person to whom it belongs.
4. List each item purchased and the price of each item separately.

PURCHASES MADE FOR: _____ (Person's Name)	DATE OF SHOPPING TRIP: _____
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ITEMS PURCHASED	PRICE (EA.)	QUANT.	TOTAL
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
THE ITEMS LISTED ON THIS SHEET WERE POSTED TO THE PERSONAL PROPERTY RECORD OF THE ABOVE NAMED PERSON	\$	SALES TAX TOTAL	\$

Paid: Cash VISA Check #: _____

TOTAL AMOUNT OF FUNDS SPENT \$ _____

+ **FUNDS RETURNING TO REGIONAL BANK** \$ _____

+ **CASH GIVEN TO PERSON (IF ANY)** \$ _____

= GRAND TOTAL (SHOULD EQUAL PFD) \$ _____

 (Manager/Supervisor or QIDP)