

ABLE Able Receipt Form

Client Name:	Date:	Place of Purchase:	Amount:
Items purchased (list out all, including what was ordered for meals, e.g. one slice of pizza, and a large diet coke):		Reason for No Receipt (e.g. vending machine purchase):	

Retailer Name: _____ Retailer Signature: _____

Phone: _____ Address: _____

HHP: _____ HHP Signature: _____

Client Signature: _____

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