

**CHECK CONTROL LOG**

Form 1.2.2. (Rev. 01.2021)

State of California

California Department of Food and Agriculture

Office of Grants Administration



**PROVIDER CHECK CONTROL LOG - \_\_\_\_\_ SEASON**

**PSA # \_\_\_\_\_ Local Agency Organization Name \_\_\_\_\_**

**Reminder:** The service provider is responsible for returning all unused check booklets to the AAA as soon as possible, but not more than thirty (30) days after the initial receipt of them.

Issue Date	Total Number of Booklets	Check Booklet Sequence Number	Provider Organization Name and Address <i>(organization issuing booklets)</i>	Name and Signature of Provider (receiving booklets)
		Start: _____ End: _____		Print: _____ Sign: _____
		Start: _____ End: _____		Print: _____ Sign: _____
		Start: _____ End: _____		Print: _____ Sign: _____
		Start: _____ End: _____		Print: _____ Sign: _____
		Start: _____ End: _____		Print: _____ Sign: _____