



CHECK BOOKLET RECEIPT FORM

RECEIPT LOG:

(Have a Witness present during the counting of check booklets)

The Area Agency on Aging (AAA) PSA _____ has received a total number of _____ check booklets.

The AAA must control the receipt and security of the SFMNP check booklets at all times.

SEQUENCE NUMBER OF CHECK BOOKLETS:

The <u>sequence number in FIRST check booklet</u> received:	
The <u>sequence number in LAST check booklet</u> received:	

REDEMPTION VALUE:

Total Number of Check Booklets received from CDFA:	
Total amount per check booklet:	
Total Redemption Value:	

AUTHORIZED SIGNATURE:

AAA Coordinator Signature:	AAA Witness Signature:
Printed Name:	Printed Name:
Date:	Date:

CDFA SFMNP Coordinator Signature: _____

PLEASE EMAIL COMPLETED FORM TO grants@cdfa.ca.gov WITHIN FIFTEEN (15) CALENDAR DAYS OF RECEIPT OF CHECKS