**Shared Horizons**

**Receipt Tracking Form**

**Email to:** [**info@shared-horizons.org**](mailto:info@shared-horizons.org) **| Fax to: (202) 448-1461 | or mail to**

**4301 Connecticut Avenue, NW, Ste. 310  Washington, D.C. 20008**

Beneficiary Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And/or Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PayPartners MasterCard (last 4 digits)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Upload/Check Amt.\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**

**Please attach receipts to this form once you have filled it out. Return the form by fax, email, or mail.**

|  |  |  |
| --- | --- | --- |
| **Receipt/Store Name** | **Amount** | **Lost?** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
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| 12. |  |  |
| 13. |  |  |
| 14. |  |  |
| 15. |  |  |

**In order to comply with Social Security and other government requirements, this form with receipts must be in Shared Horizons’ office prior to additional disbursement of funds.**