

SHOPPING SPREE/ WISH EXPENSE LOG

Amount given \$ _____

Child's Name: _____ Log # _____

Wish Grantors: _____ Date _____

| DISTRIBUTION (restaurant, store etc.) DO NOT ITEMIZE EACH RECEIPT | Amount |
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| TOTAL | |
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| IN-KIND CONTRIBUTIONS: | |
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| | |
| | |
| TOTAL | |

***** NOTE: Please return this form with original receipts and family wish receipt.

Amount returned to MAW \$ _____

Owed to Wish Grantor \$ _____