

Los Angeles County Department of Public Health-Substance Abuse Prevention and Control

Non-Cash Incentive Acknowledgement Disbursement Log Sheet

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Fiscal Year | Vendor ID | Vendor Name | Amount | Amount Balance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

INSTRUCTIONS: Please complete the top section of this form, print, and use this log to keep track of non-cash incentive disbursements.

| Item Number | Project Name | Event Date | Date Disbursed | Value Amount | Incentive Card Number # | Recipient Name (PRINT) | Recipient Signature | Initials of Disburser | Total Amount on Receipts | Date Receipts Received |
|----------------------------|--------------|------------|----------------|--------------|--------------------------|------------------------|---------------------|-----------------------|--------------------------|------------------------|
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| Total Disbursements | | | | \$ 0.00 | Total of Receipts | | | \$ 0.00 | | |

Approved By: _____ Date: _____

(07/09/2021)