



PROOF OF CASH TRANSACTION

This form is to record any and all cash give to **The iMOM** for the purpose of third party purchases and service fees.

Client's Name: _____

Today's Date: ____/____/____

Client's Address: _____

City: _____

State: _____ Zip Code: _____

Client's Phone Number: () _____ - _____

Exact Amount of Cash Transferred: \$ _____

Client's Signature: _____

The iMOM Signature: _____

By signing above I authorize **The iMOM** to make payments on any products as requested by attached list. I understand a copy of all receipts will be returned to me. If purchases exceed amount of cash given to **The iMOM**, I will be required to pay the difference upon delivery of products along with any agreed service fees. If purchases are less than the amount of cash given to **The iMOM**, I will receive a refund for the difference minus any agreed service fees.

Required attachments: Third Party purchase order. (For example; grocery list)