

Manual Transaction Report Record

Vendor Name: _____ **Vendor Phone Number:** _____

Customer Name: _____ Account Number: _____ Prior Year Benefit Remaining: _____

Delivery Address: _____ Fuel Type Approved: _____ PY _____ HEAP Benefit: _____

1	Event Date	Description	Reference #	Number of Units	Price per Unit	Total Transaction Amount	Running Account Balance	Delivery Paid by*	Notes
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

*Paid by: C = Customer, H = HEAP, E = ECIP, T=TANF Supplemental. If other, please specify.

From May 1st of the previous year to April 30 of the current year.

Total Units paid by HEAP	_____	Total Household Units	_____
Total Units paid by ECIP	_____	Total Household Cost	_____
		Benefit Remaining	_____