

Lake County Council on Aging  
**Volunteer Grocery Shopping Program**  
**Receipt Form**

Date: \_\_\_\_\_ Shopper's Name: \_\_\_\_\_  
Volunteer hours this visit: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

Amount Spent (-): \$ \_\_\_\_\_

Amount Returned: \$ \_\_\_\_\_

I have received the correct change from the Shopping Volunteer:

**Client's Signature:**

**X** \_\_\_\_\_ 3/09--white

(OVER)

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(OVER)

Volunteer's report

Date of shopping visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Report/concerns:

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Volunteer's report

Date of shopping visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Report/concerns:

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