

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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Volunteer's report

Date of shopping visit: ____ / ____ / ____

Report/concerns:

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Date of shopping visit: ____ / ____ / ____

Report/concerns:
