



Lake County Council on Aging  
Receipt Form

Send to: LCCOA  
8520 East Ave  
Mentor, OH 44060  
Email to: LLlewellyn@Lccoa.org

Date: \_\_\_\_\_ Client's Name (Please Print): \_\_\_\_\_

Shopper's Name (Please Print): \_\_\_\_\_ Total Volunteer Hours: \_\_\_\_\_

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

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

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

I have received the correct change from the Shopping Volunteer:

**Client's Signature:** \_\_\_\_\_

**Volunteer's Signature:** \_\_\_\_\_



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**Client's Signature:** \_\_\_\_\_

**Volunteer's Signature:** \_\_\_\_\_

## Volunteer Grocery Shopping Report

**Volunteer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

Report/concerns:

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## Volunteer Grocery Shopping Report

**Volunteer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

Report/concerns:

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