



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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Volunteer Grocery Shopping Report

Volunteer Name: _____ **Date:** _____

Client Name: _____

Report/concerns:

Volunteer Grocery Shopping Report

Volunteer Name: _____ **Date:** _____

Client Name: _____

Report/concerns:
