MEALS on WHEELS CENTRAL TEXAS

GROCERIES TO GO
Shopping Report

SHOPPING LIST:
(please list items in prioritized order)

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Client Signature:

_____

DATE: _____

WHERE DID YOU SHOP?

_____

METHOD OF PAYMENT:

_____

TOTAL SPENT:

_____

CHANGE:
(if applicable)

_____

ADDITIONAL NOTES:

_____

_____

_____

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_____

Volunteer Signature:

_____

(please attach copy of receipt to the back of this form)