Receipt of Goods

Program Name: _____

I, _____ , have received the goods or services listed below from _____ an agent of Center For Family Services.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Individual's Name (printed): _____

Individual's Signature: _____ Date: _____

Staff Name (printed): _____

Staff Signature: _____ Date: _____

The Receipt of Goods form should be signed for any items received by individuals served by Center For Family Services. The original signed Receipt of Goods form should be given to the finance office. A copy of the form should be kept in the child/individual/family file.