



RECEIPT OF GOODS

Date: _____

Program Name: _____

_____ (youth name) received the goods or services listed

below.

Name (printed): _____

Signature: _____

Date: _____

Staff Name (printed): _____

Staff Signature: _____

Date: _____

The Receipt of Goods form should be signed for any items received by clients of Center For Family Services. The original signed Receipt of Goods form should be given to finance office. A copy of the form should be kept in the client file.