LCFS Refugee Resettlement
Services and Donation Log

Refugee Family Name:	Case Number:	Date of Arrival:
Church & contact (or Independent volunteer name):		Contact phone number:

Date	Service Rendered or Donated Item	# of Hours	# of Miles	Donated Item Value	Cash Given or Used for Purchases (Receipt Required)	Signature of Volunteer

Date	Service Rendered or Donated Item	# of Hours	# of Miles	Donated Item Value	Cash Given or Used for Purchases (Receipt Required)	Signature of Volunteer