

**EXPENSE CLAIM FORM****Parkwood Presbyterian Church**

SUBMITTED BY:			PAY TO:					
Date of Purchase (MM/DD/YY)	Vendor	Reason for purchase	Team *	<u>Budget Line</u> to charge	Fund - if non budgeted	Before tax	HST	Total
<b>TOTAL</b>								

\* Team: please use abbreviations - see p. 3

Signature:

Date: (MM/DD/YY)

My signature affirms that these expenses were incurred for a ministry of Parkwood Church and contain no items of a personal nature

Approved by:

Date: (MM/DD/YY)

**SEE PAGE 2 FOR INSTRUCTIONS**

**submit page 1 - other pages for reference only**