

EXPENSE CLAIM FORM

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

* 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