

EXPENSE CLAIM FORM

Parkwood Presbyterian Church

|               |         |
|---------------|---------|
| SUBMITTED BY: | PAY TO: |
|---------------|---------|

| Date of Purchase<br>(MM/DD/YY) | Vendor | Reason for purchase | Team * | Budget Line to charge<br>(see p. 3) | Fund - if non budgeted<br>(see p. 4) | Before tax | HST | Total |
|--------------------------------|--------|---------------------|--------|-------------------------------------|--------------------------------------|------------|-----|-------|
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
|                                |        |                     |        |                                     |                                      |            |     |       |
| TOTAL                          |        |                     |        |                                     |                                      |            |     |       |

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

|            |                    |
|------------|--------------------|
| Signature: | Date: (mm/dd/yyyy) |
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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/yyyy) |
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SEE PAGE 2 FOR INSTRUCTIONS