## **EXPENSE CLAIM FORM**

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
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