EXPENSE CLAIM FORM

Parkwood Presbyterian Church

SUBMITTED BY:		PAY TO:	

Date of Purchase (MM/DD/YY)	Vendor	Reason for purchase	Team *	Budget Line to charge	Fund - if non budgeted	Before tax	HST	Total
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
								0
TOTAL						0	0	0

* **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*

02/21/2026