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 *(see p. 3)*	Fund - if non budgeted *(see p. 4)*	Before tax	HST	Total
TOTAL								

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

Signature: _____ Date: *(mm/dd/yyyy)* / /

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)* / /

SEE PAGE 2 FOR INSTRUCTIONS

submit page 1 - *other pages for reference only*

02/21/2026