|  |  |  |
| --- | --- | --- |
| **Pay to:** |       |  |
| **Date on receipt** | **Vendor** | **Purpose of Expense** | **Amount** |
| 2023-06-07 |       |       |       |
| Choose date |       |       |       |
| Choose date |       |       |       |
| Choose date |       |       |       |
| Choose date |      |       |       |
|  | **Total to be Paid** | $0.00 |
| **Budget Line** |  |
| 5545 Wellness Grant |       |
| Choose an account |       |
| Choose an account |       |
| Choose an account |       |
| Choose an account |       |
|  | **Total (must agree with above)** | $0.00 |
|  |
| **Payment Requested By** |       |  |
| **Signature** |  |
| **Date** | 2023-06-08  |
| **Office Use Only** |
| **Payment Approved By** |  |  |
| **Signature** |  |
| **Date** |  |

**EXPENSE CLAIM AND PAYMENT**

121 Hazelwood Crescent

Winnipeg, Manitoba

R2M 4E4