



The Presbytery of the Cascades – 0245 SW Bancroft St., Suite D – Portland, OR 97229-4272

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TAX RECEIPT

_____ (Name – Please Print)

_____ (Address)

_____ (City, State, Zip)

On (date)_____ I served as a member of or commissioner to a stated meeting of the Presbytery of the Cascades of the Presbyterian Church (U.S.A.) and did not request reimbursement for expenses incurred in conjunction with that service.

Expenses Incurred:	Meals	_____	Miles	_____
		_____	Motel	_____
		_____	Other	_____
		_____		_____

Catherine R. Quackenbush, Stated Clerk – The Presbytery of the Cascades