

**ADMINISTRATION**  
EXPENSE VOUCHER

Presbytery of the Cascades  
0245 S.W. Bancroft St., Ste. D  
Portland, OR 97239-4272

Committee \_\_\_\_\_ Due Date \_\_\_\_\_

Invoice # \_\_\_\_\_ Invoice Date \_\_\_\_\_

Customer # \_\_\_\_\_

**Please pay to the order of:**  
(please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PURPOSE: (be specific)**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

**NOTE:** Instead of reimbursement, **I wish to donate:** \$ \_\_\_\_\_ to  
The Presbytery of the Cascades and receive tax credit for my contribution.  
Signature: \_\_\_\_\_

Requested By: \_\_\_\_\_

Approval: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Voucher must be co-signed by Regional Office Staff Representative.**

The Presbytery of the Cascades requires that all expense receipts, except for mileage, be submitted with the Expense Voucher form for reimbursement. Expense reimbursement requests must be submitted within 60 days of incurrence. Any reimbursement requests received after 60 days of incurrence will not be reimbursed.

**VOUCHER DEADLINE: DECEMBER 1, 2019** (Received in Portland)

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