

**DESIGNATED
EXPENSE VOUCHER**

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

Committee _____ Due Date _____

Invoice # _____ Invoice Date _____

Customer # _____

2019

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