



Presbytery of the Cascades
 0245 S.W. Bancroft St., Ste. D
 Portland, OR 97239
 503.227.5486 / office@cascadespresbytery.org

REIMBURSEMENT VOUCHER

Committee: _____ Today's Date: _____

Meeting Date: _____ (please submit within 60 days)

Please pay to the order of:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PURPOSE: (mileage, lodging, meals—see below)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL: \$ _____

Signature (typed or signed) _____

Staff Approval: _____

- Please **submit within 60 days** of the event and please attach receipts for lodging and meals.
- **Lodging:** Full reimbursement at the Federal Per Diem Rate.
 - Currently up to \$184 per night
- **Meals:** Expenses incurred during travel are reimbursed at the Federal Per Diem Rate.
 - Currently up to \$66.00 per day
- **Mileage** is reimbursed at \$0.14 per mile with additional amounts as follows:
 - an additional \$.04 per mile for each passenger
 - for travel over 350 miles round trip and carpooling not possible, an additional \$.02/mile