



EXPENSE REIMBURSEMENT REQUEST

Per IRS requirements you must attach all **original** receipts, invoices, or supporting documents to this expense form. Please send it to the association office at the address listed. Only one payee per form, please.

Date: _____

Payable to: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

The attached receipt(s) are for the following expenditures and activities:

Activity	Amount	Mileage(when applicable)	Acct. Code (office use)
1) _____	\$ _____	_____ x .54 = \$ _____	_____
2) _____	\$ _____	_____ x .54 = \$ _____	_____
3) _____	\$ _____	_____ x .54 = \$ _____	_____
4) _____	\$ _____	_____ x .54 = \$ _____	_____
5) _____	\$ _____	_____ x .54 = \$ _____	_____
Total	\$ _____		\$ _____

TOTAL AMOUNT REQUESTED: \$ _____

Return with original receipts to: OSHP 147 SE 102nd Ave., Portland, OR 97216

Reimbursement requests must be submitted within 60 days or by December 31, whichever is sooner.