

Missouri Annual Conference Moving Expense Reimbursement Form

Date: _____

Amount Requested: _____

MO Annual Conference Grant Amount \$ _____

Payee Name: _____

ADDRESS where check is to be mailed:

Attention of _____

Street or PO Box _____

City, State, Zip Code _____

Pastor name: _____

Active _____ or Retiree _____ (please check one) Clergy Status _____

Destination Church Name _____

*Percentage of Church World Service and Conference Benevolences paid in 2009 _____%

_____ **YES** I agree with the amount and have no missing or damaged items incurred while moving.

_____ **NO** I have not resolved all the issues regarding the bill from the moving company.

PLEASE attach a COPY of the paid invoice or receipt.
You may attach a copy of your cancelled check or credit card statement.
Comments:

Person requesting reimbursement: _____

Authorizing Signature: _____

Mail form and source documents to the following address:

Missouri Annual Conference of the United Methodist Church
Attn: Karen McNeely, Accounts Payable
3601 Amron Ct
Columbia MO 65202-1918

For Conference use only:

Date Paid: Check #