

Reimbursement Request

PURPOSE: CLERGY BENEFITS ACADEMY

Contact Information:

Name _____

Email: _____

Mailing Address: _____

Phone: _____

Date	Description	Hotel	Transport	Meals	Misc	Total
Total		\$ -	\$ -	\$ -	\$ -	\$ -


Attach receipts and CEU Certificate from the event.

You must be nominated by your DS and appointed and serving in the Michigan Area of the UMC to receive the Grant. The Grant is a one time award of up to \$500.00.

Signature

Date

United Methodist Foundation of Michigan
PO Box 6247 Grand Rapids, MI 49516
1.888.451.1929
www.UMFMichigan.org
info@UMFMichigan.org



Helping Faithful People Live Generous Lives