

UPPER NEW YORK ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

ANNUAL CONFERENCE SESSION HOUSING REIMBURSEMENT REQUEST

Full Name: _____

Address: _____

Telephone Number: _____

Email: _____

- Please check one: Equalization Member
 Retired Clergy
 Clergy on Medical Leave

<u>Hotel Name</u>	<u>Dates of Stay</u>	<u>Number of Occupants</u>	<u>Amount of Reimbursement Requested</u>

Total Reimbursement Request: _____

As an equalization member, retired clergy member, or clergy person on medical leave, I request reimbursement for the above housing costs related to the Upper New York Conference held. I understand that my reimbursement will not exceed \$50/night and that the actual reimbursement amount will take into consideration the number of days stay and number of occupants. All **ORIGINAL PAID** receipts for this stay have been attached to this request.

Payment Requested by: _____

Signature of requestor

Date: _____