



## Reimbursement Request

**PURPOSE:** \_\_\_\_\_

**Contact Information:**

Name \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date	Description	Hotel	Transport	Meals	Misc	Total
<b>Total</b>		\$ -	\$ -	\$ -	\$ -	\$ -

**Attach receipts and CEU Certificate from the event.**  
 You must be 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.  
 Your DS must recommend your attendance.

**Email to: [Marian@umfmichigan.org](mailto:Marian@umfmichigan.org).**  
**1.888.451.1929**  
**3347 Eagle Run Dr NE, Suite B,**  
**Grand Rapids, MI 49525**

\_\_\_\_\_  
 Attendee Signature Date

\_\_\_\_\_  
 DS Signature Date