



**MO Conference - United Methodist Church
Retiree Moving Expense Form**

Date: _____ **Invoice #** 2021 MOVE

Payee/Vendor: _____

Mailing Address: _____

Description	GL Account Number	Amount
	4-60-6802-71000	

Total: \$ _____

Person Requesting Check: _____

Authorizing Signature (if needed): _____

CHECKLIST:

Grant request includes retiree's W-9.

Pastor's retirement date:

For full-time persons entering the retiree relationship, or going on incapacity leave there shall be a one-time moving expense grant available of up to \$1500. For full time persons entering the Voluntary Transition Program there shall be a one-time moving expense grant available of up to \$1000. These grants will be made upon adequate documentation for the move being submitted to the Treasurer's Office within 6 months of the move.