

**Submission Form for Report of:  
Moving Expense Payments Provided to Clergy by a Local Church**

Name of Local Church: \_\_\_\_\_ Church # \_\_\_\_\_

Name of Clergyperson: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Amount of Payment: \_\_\_\_\_

Please provide this completed form to:

Email: [insurance@gnjumc.org](mailto:insurance@gnjumc.org) or

Fax: 732-359-1014

Please provide this completed form to the conference as soon as reasonably feasible, preferably within two weeks of payment. If you have questions, please call Alexa Taylor at 732-359-1038.