



Board of Ordained Ministry

West Virginia Conference

THE UNITED METHODIST CHURCH

COUNSELING REIMBURSEMENT FORM

Submit this form and original counseling receipt(s) to receive payment. (Keep a copy for your records.)

Reimbursements are subject to approval by the Clergy Support Coordinator. Please refer to the Counseling Funds Guidelines on the website for more information.

www.wvumc.org/spiritual-leaders

Clergy Name: _____

Address: _____

Patient Name (if different than above): _____

Counseling Provider Name: _____

Date(s) of Service:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail to: WVUMC Ministry Support
PO Box 2313
Charleston, WV 25328

For questions, contact:
Angela Jones, ajones@wvumc.org
304-344-8331, ext. 39