

REMITTANCE FORM

WV Conference Treasurer, PO Box 2469, Charleston, WV 25329-2469
 Phone: 304-344-8331 Ext 400 Email: pkoontz@wvumc.org

Church: _____

Church #

Charge Name: _____

Check #

District Name: _____

ENTER AMOUNTS HERE

Category I – Ministerial Support
Category II – World Service & Conference Benevolences
Category III – Administration & General Funds
Distribute payment based on Conference Budget Percentage

1
2
3
Auto Distribute

\$ <input style="width: 150px; height: 25px;" type="text"/>
\$ <input style="width: 150px; height: 25px;" type="text"/>
\$ <input style="width: 150px; height: 25px;" type="text"/>
\$ <input style="width: 150px; height: 25px;" type="text"/>

Use this space only for specific designated funds.
For _____
For _____
For _____
For _____
For _____
For _____

Conf 3 digit fund number

\$ <input style="width: 150px; height: 25px;" type="text"/>
\$ <input style="width: 150px; height: 25px;" type="text"/>
\$ <input style="width: 150px; height: 25px;" type="text"/>
\$ <input style="width: 150px; height: 25px;" type="text"/>
\$ <input style="width: 150px; height: 25px;" type="text"/>
\$ <input style="width: 150px; height: 25px;" type="text"/>
\$ <input style="width: 150px; height: 25px;" type="text"/>

PLEASE PRINT YOUR TREASURER'S NAME, ADDRESS, PHONE #, AND EMAIL BELOW. *** CHECK BOX IF INFORMATION IS NEW OR CHANGED!

Treasurer's Name _____
Address _____
City & State _____
Phone _____
Check Box if New Information
Email _____ <input style="width: 20px; height: 15px; vertical-align: middle;" type="checkbox"/>

Remittance Total \$ _____
Date ____ / ____ / ____