

June 2024

For CA-NV Conference Claimants  
(Retired Clergy, Spouses, Surviving Spouses)



ALL PAPERWORK MUST BE  
RECEIVED BY:  
September 1, 2024



Provided to you by:  
A Grant from the Conference Claimants Endowment Board  
and the Retired Clergy Association

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

Name: \_\_\_\_\_

Name of Spouse (if attending): \_\_\_\_\_ Spouse is Clergy? yes \_\_\_ no \_\_\_

Address (to mail check): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I hereby request reimbursement in the amount of \$ \_\_\_\_\_ for expenses incurred at the 2024 Annual Conference Session for food, lodging, parking, and mileage\*\*.**

**\*\*Please attach your receipts. Receipts are REQUIRED for reimbursement**

Maximum Reimbursement:

ONE DAY'S attendance for Retired Clergy/Surviving Spouse	(max \$450)
ONE DAY'S attendance for Retired Clergy and 2nd Clergy/Spouse	(max \$525)
TWO DAY'S attendance for Retired Clergy/Surviving Spouse	(max \$750)
TWO DAY'S attendance for Retired Clergy and 2nd Clergy/Spouse	(max \$900)
THREE DAY'S attendance for Retired Clergy/Surviving Spouse	(max \$1050)
THREE DAY'S attendance for Retired Clergy and 2nd Clergy/Spouse	(max \$1275)

Hotel Expense: \_\_\_\_\_ Receipts **REQUIRED**

Parking Expense (if separate from hotel): \_\_\_\_\_ Receipts **REQUIRED**

Food/Meals Expense: \_\_\_\_\_ Receipts **REQUIRED**

Mileage: \_\_\_\_\_ (20 cents per mile)

Signed: \_\_\_\_\_

Return this filled form with all receipts attached to:

Retired Clergy Association  
9328 Elk Grove Blvd. #105-141  
Elk Grove, CA 95624

**CHECKS WILL BE MAILED AFTER CONFERENCE**

Office Use Only: Date: \_\_\_\_\_ \$ \_\_\_\_\_ DB \_\_\_\_\_ Date: \_\_\_\_\_