



**United Methodist Foundation of West Virginia, Inc.**  
**Reimbursement Request from Grant Funds**

*Please use this form to request reimbursement for funds expended in accordance with an already awarded grant. This is not a grant application.*

Date of Request: \_\_\_\_\_

Church / Ministry Name: \_\_\_\_\_

Project funded by Grant: \_\_\_\_\_

Total Amount of Requested Reimbursement: \_\_\_\_\_

*Please attach receipts to equal the requested reimbursement.*

**Check payable to:** \_\_\_\_\_

Mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR**

**Electronic deposit:** \_\_\_\_\_ Send via ACH using information on the attached voided check.

*Please note:*

- Churches must provide a voided check the first time an ACH is requested in order for The Foundation to process the transfer.
- We process ACH requests immediately, but the ACH banking system requires 2-3 days for the deposit to be credited to the church's account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Office

*You can mail, fax or email this form to us. Additional forms can be downloaded from our website.*

**United Methodist Foundation of West Virginia, Inc.**

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