



CLERGY RELOCATION FORM

TEXAS ANNUAL CONFERENCE

Part 1 - To be completed and signed by the Clergy Excellence Office

Name of clergyperson: _____

Move authorized From: (Charge) _____ (District) _____

To: (Charge) _____ (District) _____

Status in New Appointment (FE PE AM FL RE RA RL SP): _____

Effective Date: _____ Approval Date: _____

Approved: Morris Matthis/ns

Part 2 - To be completed by Clergy

This part must be completed and signed for TAC to pay for your move. An electronic signature is acceptable.

Current phone number(s): (H) _____ (Cell) _____

Current E-mail address: _____

Pick up address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Destination phone number(s) (H) _____ (W) _____ (Cell) _____

Destination E-mail address: _____ (or alternative E-mail address)

Destination address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Moving Company Selected: _____

I have read and understand the Relocation Policy _____

Part 3 - For Conference Relocation Committee Use

Move Authorized: _____ Date: _____

Amount Authorized: _____ Clergy Amount: _____

Please Note:

Pastor - Please note that, due to the 2018 changes to the tax code, the cost of this move paid by the TAC will be taxable income to you. Please be sure to adjust your withholding accordingly.

Received by COEC _____