|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **METN Concerns of Police Survivors****Travel Reimbursement Form** |  |
| Attendee Name: |  |  |  |
| Make Check Payable to:  |  |  |  |
| Mailing Address for Check:  |  |  |  |
|  |  |  |  |
|  | Please check the Program for which you are requesting reimbursement: |  |  |
|  | [ ]  | Adult Children’s Retreat | **[ ]**  | Siblings |  |
|  | [ ]  | Young Adults Camp | **[ ]**  | Spouses |  |
|  | [ ]  | Kids Camp | **[ ]**  | Co-Workers |  |
|  | [ ]  | Outward Bound | **[ ]**  | Parents |  |
|  | [ ]  | Fiancés/Significant Others | **[ ]**  | Extended Family |  |
|  | [ ]  | Co-Workers for Couples | **[ ]**  | National Police week (First Year) |  |
|  | [ ]  | Other       |  |  |  |
|  |  |  |
| I drove to and from the Program and my fuel cost total was: |       |  |
|  |  |
| I flew to the Program, round trip costing:  |       |  |
|  |  |
| Other Expenses |       |  |
|  |  |
| Total Expenses: |       |  |
| \*Reimbursement subject to board approval |  |
|  |  |
| Comments: |       |
|  |  |
| *My signature certifies that I have attended and completed the appropriate C.O.P.S. sessions and programs offered at the event and I have received no other funds from any other C.O.P.S. chapter or any other organization for the same travel and/or event participation*. |
|  |  |
|  |  |
| *signature* |  |
| \*Please submit ALL receipts with this form to the Treasurer at DanBrinkmeyer.COPS@yahoo.com or mail to: |
| METN C.O.P.S. Attn: Dan Brinkmeyer4008 Legacy DRClarksville, TN 37043 |  |
| **Administrative** |  |
| **Check #\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Amount $\_\_****\_\_\_\_\_\_\_\_\_\_\_\_****Date pd \_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_****Date mailed \_\_****\_\_\_\_\_\_\_\_\_\_** |  |
|  |  |

Copy and Paste Receipt Imagines Below:





