|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | | **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](mailto:DanBrinkmeyer.COPS@yahoo.com) or mail to: | | | | | | | | | | | | | | | | | | | | | | | | |
| METN C.O.P.S.  Attn: Dan Brinkmeyer  4008 Legacy DR  Clarksville, TN 37043 | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Administrative** | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Check #\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Amount $\_\_****\_\_\_\_\_\_\_\_\_\_\_\_**  **Date pd \_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date mailed \_\_****\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | |

Copy and Paste Receipt Imagines Below:





