



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
- Young Adults Camp
- Kids Camp
- Outward Bound
- Fiancés/Significant Others
- Co-Workers for Couples
- Siblings
- Spouses
- Co-Workers
- Extended Family
- Parents
- National Police week (First Year)

I drove to and from the Program and my fuel cost total was: _____

I flew to the Program, round trip costing: _____

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.*

*Please submit ALL receipts with this form to the Treasurer at jenniferjohnson09@att.net or mail to:

METN C.O.P.S.

Attn: Jennifer Johnson

1897 Fenn Lane

Clarksville, TN 37043