



# Metroplex Concerns of Police Survivors

www.metroplexcops.org

email to: deroy.bennett@metroplexcops.org

501(c)(3) Non-Profit Organization

*There is no membership fee to join C.O.P.S., for the price paid is already too high!*

## Hands-On-Program Reimbursement

National Hands-on-Programs are very important healing experiences for all survivors of a line of duty death. Metroplex C.O.P.S. offers all our Chapter members financial assistance for Airline fees or Round-trip Mileage, if you drive, with receipts. Metroplex C.O.P.S. shall reimburse up to \$450 to assist with travel costs to each respective National H.O.P. **Please complete this form and attach any necessary receipts and return them by email to deroy.bennett@metroplexcops.org within 30 days from returning from your retreat.**

Applicant's Name:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Fallen Officer:

\_\_\_\_\_ Relationship to the

Fallen Officer's:  Spouse  Parent  Child  Sibling  Fiancé/Significant Other  Co-Worker

Other: \_\_\_\_\_

RETREAT ATTENDED:

- |   |   |  |                                       |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Adult Children     | <input type="checkbox"/> Extended Family          | <input type="checkbox"/> Outward Bound | <input type="checkbox"/> Spouses      |
| <input type="checkbox"/> Co-Workers         | <input type="checkbox"/> Fiancé/Significant Other | <input type="checkbox"/> Parents       | <input type="checkbox"/> Young Adults |
| <input type="checkbox"/> Co-Workers Couples | <input type="checkbox"/> Kids Camp                | <input type="checkbox"/> Siblings      |                                       |

Names of Other Survivors included in this expense and their relationship to the Officer:

\_\_\_\_\_  Child  Parent  Sibling  Other \_\_\_\_\_

\_\_\_\_\_  Child  Parent  Sibling  Other \_\_\_\_\_

Office Use Only Approval

Amount \$ \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Rev 080817

Total expenses claimed \$ \_\_\_\_\_  **Airline Receipts Attached**

**Total Mileage** (if you drove) \_\_\_\_\_ This amount will be multiplied against the GSR for reimbursement.

I certify this reimbursement claim is a true and accurate statement of expenses related to this Hand-On-Program.

Signature: \_\_\_\_\_