

**Metroplex Concerns of Police Survivors**

**Travel Reimbursement Form**

Attendee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make Check

Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

for Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the Hands On 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

I drove to and from the Hands On Program and my fuel cost total was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I flew to the Hands On Program, round trip costing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 deroy.bennett@metroplexcops.org or mail to:

Metroplex C.O.P.S.

Attn: Deroy Bennett

PO BOX 701

Mansfield, TX 76063