

Washington, DC Chapter of Concerns of Police Survivors
P.O. Box 31549, Washington, DC 20030-1549
202-332-2677

REQUEST FOR REIMBURSEMENT OR PAYMENT

**Submit form to the Treasurer via email as an attachment {PREFERRED METHOD} OR
mail to the above address.**

(DATE)

To: President, Washington, DC Chapter of Concerns of Police Survivors
Attention: Treasurer

From: _____
(Name of Requestor)

Request reimbursement payment in the amount of: \$ _____
(Select One) (Amount in Figures)

(_____ dollars) for expense(s)
(Amount in Words)

as follows {invoice(s) and/or paid receipt(s) attached to support the amount requested}:

Make check payable to: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

Funds expended were used in support of: _____
(Name of Event)

(Requestor's Signature)

(Typed/Printed Name of Requestor)

Officers ACTION:

APPROVED

DISAPPROVED

REMARKS / DATE

President: _____

Treasurer: Expense Voucher #: _____ Check #: _____ dated: _____ prepared.