

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

**APPROVAL FOR UPCOMING ATTENDANCE AND/OR TRAVEL TO A C.O.P.S. PROGRAM or EVENT
(local or National level) / TRAVEL EXPENSE REPORT FORM
(Short title: TRAVEL EXPENSE REPORT FORM)**

*For approval and reimbursement for attendance and/or travel expenses related to a C.O.P.S. program or event
(local or national).*

**FORM MUST BE SUBMITTED AND APPROVED PRIOR TO THE TRAVEL/EVENT/ACTIVITY.
Submit form to the Treasurer via email as an attachment {PREFERRED METHOD} OR mail to the above
address.**

STEP 1 (Completed by the Requester)

Name: _____

Address: _____

Telephone number: _____ Email address: _____

Name of Fallen Officer: _____

Agency: _____ EOW: _____

Relationship to fallen officer: _____

Program/Event/Activity: _____

Date(s) of Program/Event/Activity: _____

Date(s) of travel: _____

Location/destination of activity/travel: _____

Estimated expense(s) for:

Transportation (air and/or personal vehicle): _____

Airport parking, if applicable: _____

Registration fee/cost: _____

Hotel, if applicable: _____

Other (specify): _____

TOTAL ESTIMATED COST: _____

I certify that I have read and understand the provisions of any applicable Chapter Standard Operating Procedures (SOP), and any applicable C.O.P.S. policies, and instructions.

Signature of Requester: _____ Date Submitted: _____

STEP 2 (Action by the President, DC-COPS)

Approved: _____ OR Disapproved: _____

Date: _____

President or designated Board Member Signature: _____

Printed Name: _____

Position: _____

REMARKS: _____

A COPY OF THE APPROVAL/DISAPPROVAL WILL BE RETURNED TO THE REQUESTER.

STEP 3 (Completed by the Requester)

AFTER APPROVAL AND AFTER TRAVEL AND/OR PARTICIPATION AT THE EVENT/ACTIVITY, REQUESTER SUBMITS THIS SECTION. ATTACH ALL RECEIPTS FOR EXPENSES TO BE REIMBURSED.

Submit form to the Treasurer via email as an attachment OR mail to the above address.

Request reimbursement for the following expense(s):

Transportation (air and/or personal vehicle): _____

Airport parking, if applicable: _____

Registration fee/cost: _____

Hotel, if applicable: _____

Other (specify): _____

TOTAL ACTUAL COST: _____

I understand that to be eligible for this assistance/reimbursement, I must be a survivor of a law enforcement officer who died in the line of duty as defined by federal criteria.

In addition, by accepting financial assistance/reimbursement from DC-COPS for the purpose of attending the event for which I am seeking reimbursement, I certify that:

1. I am an active/participating survivor/member of DC-COPS. In addition, I am included in the survivor/membership database at the DC-COPS level and at the National C.O.P.S. Office as being a survivor/member of DC-COPS;

2. I completed the travel as stated on this request for reimbursement form;

3. I attended and/or completed the appropriate C.O.P.S. sessions and programs offered to me at this event;

4. I have attached proof of attendance (for example, airfare receipt, parking receipt, confirmation by National C.O.P.S. of attendance at the event/training, etc.);

5. I have not received any, nor will I request additional funds from any other C.O.P.S. or other organization for this same travel and/or event participation.

I also understand that if I do not /did not comply with these requirements, but I have received payment to attend this program/session/event, I will reimburse DC-COPS that payment.

Signature of Requester: _____ Date: _____

Send payment to following address: _____

PART 4 (Completed by the Treasurer)
TREASURER SUBMITS TO THE PRESIDENT FOR APPROVAL.

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

From: Treasurer, DC-COPS

Request approval for payment in the amount of: \$ _____
(Amount in Figures)

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

as stated in the appropriate sections above.

Check payable to: _____

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

(Treasurer's Signature)

(Typed/Printed Name of Treasurer)

ACTION:

APPROVED

DISAPPROVED

REMARKS/DATE

President: _____

PRESIDENT SENDS TO TREASURER FOR PAYMENT.

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

Sent to: _____

Signature of Treasurer: _____

REMARKS: _____

COPY FOR TREASURER/FILE