

Ohio Concerns of Police Survivors, Inc.



National Police Week Reimbursement Form and Statement of Eligibility

Ohio C.O.P.S. offers limited travel assistance as follows:

- A. First Year survivors receive a stipend of \$___ per household (based on residential address).
- B. Returning survivors receive reimbursement of the C.O.P.S. Returning Survivor Registration fee in the amount of \$150 per adult and \$50 per child.
- C. Attendance of National Police Survivors Seminars sponsored by National C.O.P.S.

By accepting financial assistance from Ohio C.O.P.S. for the purpose of attending National Police Week, I agree to the following:

- 1. I traveled to National Police Week.
- 2. I registered through National C.O.P.S. and attended the appropriate C.O.P.S. sessions and programs offered to me.
- 3. I have attached copies of receipts for my actual expenses to show attendance.

By signing this form, I understand that to be eligible for this assistance:

- 1. I am a member of National C.O.P.S. (as defined in National C.O.P.S. Bylaws).
- 2. I am a resident of the State of Ohio or the survivor of a Ohio officer (or federal agent assigned in Ohio).
- 3. I have not received reimbursement from any other source (i.e. law enforcement agency or organization, 100 Club, National C.O.P.S, or another C.O.P.S. Chapter, etc) for purposes of this travel.

Signature: _____ Date: _____

Date of Request: _____

Printed Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Total Travel Costs: _____ (total of attached receipts)

Send completed form within 60 days of last expense to:

Ohio Concerns of Police Survivors P.O. Box 2113 Cridersville, Ohio 45806