



# HANDS-ON PROGRAM REIMBURSEMENT

Spouses – Spouses for Couples – Adult Children’s – Parents – Siblings – Fiancé/Significant Others  
 Extended Family - Co-Workers – Co-Workers Couples

<b>SURVIVOR INFORMATION</b>	Applicant’s Name:		
	Address:		
	City:	State:	Zip Code:
	Email:		
	Name of Fallen officer:		
<b>RETREAT ATTENDED</b>	Check the appropriate RETREAT you attended:		
	<input type="radio"/> SPOUSES <input type="radio"/> SPOUSES for COUPLES <input type="radio"/> ADULT CHILDRENS <input type="radio"/> PARENTS <input type="radio"/> SIBLINGS <input type="radio"/> FIANCE/SIGNIFICANT OTHERS <input type="radio"/> EXTENDED FAMILY <input type="radio"/> CO-WORKERS <input type="radio"/> CO-WORKERS COUPLES		
	Names of additional survivors included in this request:		
<b>1<sup>st</sup> Time</b>	<b>Air Travel</b>	<i>FIRST TIME ATTENDEE: Please include airline itinerary receipts or Roundtrip Mileage</i>	
		Total Airline Ticket(s) \$	Please attach airline itinerary receipts
	<b>Driving</b>	Vehicle Round Trip Mileage:	X .29¢ per mile     Total: \$
		Point of Origin:	Destination:
<b>RETURNING SURVIVOR</b>	<b>Air Travel</b>	<i>Returning Survivors: Please include airline itinerary receipts</i>	
		<input type="radio"/> I will be flying to my retreat	Please attach airline itinerary receipts
	<b>Driving</b>	Vehicle Round Trip Mileage:	X .29¢ per mile     Total: \$
		Point of Origin:	Destination:
I certify that this reimbursement claim is a true and accurate statement of expenses related to this Hands-On Program. Signature: _____  Date: _____			

Return to: LA-C.O.P.S., PO BOX 41143, BATON ROUGE, LA 70835 or email to [TREASURER@LA-COPS.ORG](mailto:TREASURER@LA-COPS.ORG) or text screenshot of form to (225)933-5191.

**BOARD APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_ **CHECK #:** \_\_\_\_\_