



HANDS-ON PROGRAM FINANCIAL ASSISTANCE

Kid's Camp – Young Adult Children – Outward Bound

SURVIVOR INFORMATION	Applicant's Name:		
	Address:		
	City:	State:	Zip Code:
	Email:		
	Name of Fallen Officer:		
	What is appropriate relationship to Fallen Officer: <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Other _____		
RETREAT ATTENDED	Check the appropriate RETREAT you attended: <input type="radio"/> Kid's Camp <input type="radio"/> Young Adults <input type="radio"/> Outward Bound		
	Names of other survivors included in this request:		
AIRLINE TRAVEL	Total Airline Tickets:	\$ _____	(Please attach airline itinerary receipts)
	Luggage Fees:	\$ _____	Please attach luggage fee receipts (1 bag per person)
	Total Expenses Claimed: \$ _____		
Driving	Vehicle Round trip mileage:	@ .29¢ per mile	Total \$ _____
	Point of Origin:	Destination:	
	Total Expenses Claimed: \$ _____		
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 or text screenshot of form to (225)933-5191.

BOARD APPROVAL: _____ **DATE:** _____ **AMOUNT:** _____ **CHECK #:** _____

See Reverse for Standard Operating Procedure for Hands-On Program Financial Assistance