



Ohio C.O.P.S. Hands-On Reimbursement Form

Ohio C.O.P.S.
130 S. Broad Street
Lancaster, Ohio 43130

Ohio Concerns of Police Survivors provides eligible members reimbursement for travel to their designated Hands-On program provided by the National C.O.P.S. Office. Since National now provides more than one Hands-On retreat for several survivor categories, reimbursement is for ONE program per year per survivor.

The Chapter realizes that participation in Kids Camp and youth programs may require an adult guardian accompany the child to their program, and will allow a reimbursement request for an attending guardian who accompanies a child to a youth program as well as attending their own Hands-On program.

Ohio C.O.P.S. Encourages survivors to attend their retreats, but each survivor will be required to choose only one retreat for travel reimbursement. The Chapter will continue to provide reimbursement for the lowest priced means of travel when multiple modes are available. If multiple survivors share transportation (riding together in an automobile, for example) only one reimbursement will be made. Mileage reimbursement will be made at the allowable rate from the IRS in effect at the time of the travel. Airfare also will be limited to the amount of reimbursement used by National C.O.P.S. Refer to Ohio Standard Operating Procedure 4.2 for full details of allowable reimbursements.

You must submit copies of your receipts from your travel. Please submit this form along with copies of your receipts no later than 30 days after the travel has been completed.

Name _____ Address _____

Date(s) of Travel _____ Mileage if Driving _____

Retreat Attended _____ Means of Travel _____

List details of your travel. If you purchased airfare, list the airline, flight numbers and charges. You will be reimbursed for regular coach, and one checked bag, if applicable. Upgrades will not be covered.

Total Requested \$ _____

Is this reimbursement for accompanying a child to Kid's Camp? _____

If so, Child's Name _____

Your Officer's Name and EOW date _____ Relationship _____

Signature _____ Date Submitted _____