

Ohio C.O.P.S. Reimbursement Request

This is a 2-part form that is required for reimbursement of expenses for Ohio C.O.P.S. related costs you have incurred. The signature of the Chapter President or authorized officer must be included for funds to be distributed. Section I needs to be pre-approved before charges are accrued. The form will be returned to you and Section II completed for submission.

Section I

Name _____ Address _____

Reason for charges _____

Estimated charges (itemized with reasonable estimations) Total \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Signature _____ Chapter President Approval _____

Date of Approval _____

Section II

Actual Expenses

Submit receipts along with this form. Reimbursement requests and receipts must be submitted within 60 days.

Date _____ \$ _____

Date _____ \$ _____

Date _____ \$ _____

Total \$ _____

I certify this report is a true and accurate statement of expenses for official C.O.P.S. business for the charges shown above.

Signature _____ Chapter President Approval _____

Date of Approval _____