KANSAS CONCERNS OF POLICE SURVIVORS

Travel Expense Reimbursement Request

Please return form to treasurer@kscops.org

Submission reminder: Submit within 60 days of the event unless otherwise approved by the Kansas C.O.P.S. Board.

Required documentation: Attach airfare receipts, luggage receipts, and GPS mileage documentation when applicable.

Calculation note: Automatic totals work best in free Adobe Acrobat Reader. Amounts may also be entered manually.

1. TRAVELER AND EVENT INFORMATION

Traveler name

Date of request

Name of event

Event dates

Location of event

Phone number

Fallen officer name

People traveling together

Survivor's mailing address

2. MILEAGE REIMBURSEMENT - PRIVATELY OWNED VEHICLE

Rate: $0.40 per reimbursable mile. For airport travel, the first 75 miles of each leg are not reimbursed.

Enter only reimbursable miles below. Attach a GPS mileage screenshot when possible.

Date/Time	Point of Origin	Destination	Reimbursable Miles	Amount

Total Mileage Reimbursement

Airfare policy

- Airfare reimbursement is capped at $600.00 per traveler.
- One checked luggage fee per traveler may be reimbursed in addition to the $600.00 airfare cap.
- Attach the airline itinerary/payment receipt and the checked-luggage receipt.

3. AIRFARE AND LUGGAGE

Traveler Name	Airfare Requested	Airfare Allowed	Luggage Cost	Reimbursable Total	Receipt?
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Grand Total Airfare/Luggage

Airfare notes or explanation (optional)

Airfare over $600.00 is automatically limited to $600.00 per traveler; luggage is added separately.

4. FOOD STIPEND

Food stipend: $50.00 per person listed on this reimbursement request.

Number of people

Names, if more than one

Total Food Stipend

5. TOTAL REIMBURSEMENT REQUESTED

Mileage Total

Airfare/Luggage Total

Food Stipend Total

GRAND TOTAL REQUESTED

6. ATTACHMENTS INCLUDED

- [ ] Airline itinerary/payment receipt
- [ ] Luggage receipt(s)
- [ ] GPS mileage screenshot/documentation
- [ ] Other supporting documentation

7. CERTIFICATION AND SIGNATURE

I certify that the expenses listed are true, accurate, and were incurred while attending an approved Kansas C.O.P.S. event. I understand that reimbursement is subject to Kansas C.O.P.S. policies and approval.

Traveler signature (type full legal name)

Date of submission

8. OFFICE USE ONLY

Date received

Reviewed by

Amount approved

Check number

Date paid

Approved by

Treasurer notes