



Concerns of Police Survivors, Inc.  
MICHIGAN Chapter

1-877-4MICOPS

Hands On Program Travel Assistance

Hands On Program: \_\_\_\_\_

Household Members	Relationship	Airfare OR Mileage	Hotel			Total

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reimbursement Checks can be split, if needed. If part of the covered expenses were paid for by another person (Shared hotel, families traveling together).

Issue reimbursement to: \_\_\_\_\_ Amount: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Adult Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Adult Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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All receipts for travel reimbursements must be attached.

Reimbursement limited to:

- Basic airfare and baggage fees
  - Off-site parking up to \$15 per day
  - Mileage in lieu of airfare if driving
- \*\*\*\*Maximum reimbursement of \$700 per person\*\*\*\*

**This form is only for approved travel expenses for Hands On Travel Assistance**

**All forms and receipts must be submitted within 60 days of event to [treasurer@micops.org](mailto:treasurer@micops.org) OR MICOPS Treasurer, P.O. Box 1317, Southgate, MI, 48195**

**Receipts must be clear enough to print at 8x11 for professional audit purposes.**