



Concerns of Police Survivors,  
Inc. **MICHIGAN** Chapter

1-877-4MICOPS

NPW Travel Reimbursement

**This form must be filled out for each participant (household). If submitting for a child/minor, the parent or legal guardian must sign the acknowledgment below on behalf of the child.**

Your Fallen Officer: \_\_\_\_\_ End of Watch: \_\_\_\_\_

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: \_\_\_\_\_

Sessions attended \_\_\_\_\_

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## **National Police Week Reimbursement Statement of Eligibility**

By accepting financial assistance from MI-COPS for the purpose of attending National Police Week, I/We agree to the following:

1. I/We am eligible for reimbursement as a survivor residing in Michigan listed under the policy of MI-COPS and as listed on the accompanying page.
2. I/We traveled to National Police Week.
3. **I/We registered through National COPS and attended the appropriate COPS sessions and programs offered to me/us.**
4. I/We have attached copies of receipts for the actual expenses to show attendance.
5. All travel reimbursement requested is listed as the least expensive means of travel at the time it was booked. I understand I may be reimbursed a lesser amount if a less expensive means of transportation is available.
6. Coach airfare or the equivalent will be used in the calculation of costs even if I/we have chosen to fly in a different class of seat.
7. Off-site parking reimbursement up to \$15 per day.
8. Mileage in leu of airfare if driving.
9. Food and alcohol expenses not covered.
10. I/We have not received reimbursement from any other source (ie. law enforcement agency or organization, 100 Club, National COPS or another COPS chapter, etc.) for purpose of travel.
11. Maximum reimbursement of \$1,000 per person.

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

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