



# CONCERNS OF POLICE SURVIVORS, INC MICHIGAN CHAPTER

1-877-4MICOPS

## Travel Expense Report

Name: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_

Event: \_\_\_\_\_ Location (City, St) \_\_\_\_\_

(Please include all receipts associated with your travel: airfare, hotel, meals, misc.)

Date: \_\_\_\_\_ Description: \_\_\_\_\_ Amount: \_\_\_\_\_

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

**This form is only for approved travel expenses. Rates for travel are determined by current [gsa.com](http://gsa.com) rates.**

### To be complete by Treasurer:

Grand Total: \_\_\_\_\_ Receipts Attached: \_\_\_\_\_

Approved: \_\_\_\_\_ Reimburse Date: \_\_\_\_\_ Check: \_\_\_\_\_

Mail or scan and email receipts and form to registered address or Treasurer within 60 days of travel. Receipts must be clear enough to print at 8"x11" for professional audit purposes.