

Reimbursement Request Voucher  
Concerns of Police Survivors - Arizona

Amount Requested: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Person requesting check: \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address where check is to be mailed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Please submit all supporting documentation, receipts, flight itinerary, mapquest docs, etc.\*\*

To be completed by C.O.P.S. Arizona

Submitted to Board on: \_\_\_\_\_

Approved by Board on: \_\_\_\_\_

Approved in minutes on: \_\_\_\_\_

Check #: \_\_\_\_\_ Date check mailed: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
President

\_\_\_\_\_  
Treasurer