



Idaho C.O.P.S. Reimbursement Expense Request

Idaho C.O.P.S.
PO Box 45957
Boise, ID 83711

This is a 2-part form that is required for reimbursement of expenses for Idaho C.O.P.S. you have incurred. The signature of the Chapter President or authorized officer must be included for funds to be distributed. Section 1 needs to be pre-approved before charges are accrued. The form will be returned to you to complete Section 2 and submit, with receipts.

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SECTION 1 (Projected Expenses)

Name: _____ Address: _____

Reason for expected charges: _____

Estimated charges (itemized with reasonable estimations) Total \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Signature _____ Date _____

Board Approved _____ Date _____

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SECTION 2 (Actual Expenses)

Please submit receipts along with this form within 30 days of purchase.

Date _____ \$ _____

Date _____ \$ _____

Date _____ \$ _____

Signature _____ Date _____

Board Approved _____ Date _____