

MN Chapter of Concerns of Police Survivors  
PO Box 270652 St. Paul MN 55127  
651-295-2314

APPROVAL FOR UPCOMING TRAVEL  
(Submit form to MN C.O.P.S.)

Name of Fallen Officer: \_\_\_\_\_

Name of Traveler(s): \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Date Submitted for approval: \_\_\_\_\_

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National Police Week \_\_\_\_\_

Hands On Program \_\_\_\_\_ **circle one:** Spouse Parents Siblings In-Laws Kids Camp  
Outward Bound Adult Child Co-Worker

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

Purpose of Travel: \_\_\_\_\_

Estimated Transportation Expense: \_\_\_\_\_  
(Maximum \$600/person)

Traveler's Signature: \_\_\_\_\_

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**THIS FORM MUST BE SIGNED & APPROVED BEFORE TRAVEL OCCURS**

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

Designated Board Member Signature: \_\_\_\_\_  
Position: \_\_\_\_\_

(Return copy of this form to Family with questionnaire form – Keep copy for Treasurer)

Form: MN C.O.P.S. Approval for Upcoming Travel – adopted 1/12/14 revised 5/17/16