

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: _____

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: _____

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