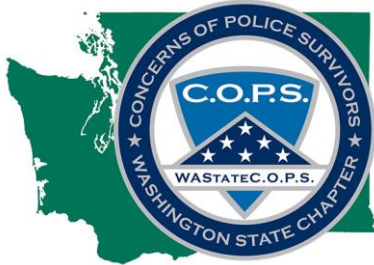


For Treasurer's use only
 Date Paid: _____
 Check # _____

Expense Reimbursement Form
Mail this form and receipts to:
Washington State Concerns of Police Survivors
P.O. Box 111772, Tacoma, WA 98411-1772
Or email with receipts to: info@WashingtonStateCops.org



Member Name _____
 Month/Year expense(s) incurred _____

Itemized List for Reimbursement	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	TOTAL \$ _____

Copies of receipts (dated within the past 60 days of this report) must be attached to this form to be considered for reimbursement

I certify this report is a true and accurate statement of expenses for official WASTateC.O.P.S. business for the dates shown above.

_____ Signature of Member (required)
 _____ (address)