

**COPS-IN-SHOPS REIMBURSEMENT FORM  
CERTIFICATION OF HOURS**

GRANT AL - \_\_\_\_\_



TOWN: \_\_\_\_\_

MONTH: \_\_\_\_\_

NAME OF OFFICER AND BADGE NUMBER	DATE OF ASSIGNMENT	LOCATION OF ESTABLISHMENT	NUMBER OF HOURS	HOURLY O.T. RATE	TOTAL (Division Use Only)

CERTIFICATION BY RECEIVING AGENCY: I CERTIFY THAT THE ABOVE SERVICES HAVE BEEN RENDERED AS STATED HEREIN.

**TOTAL** \_\_\_\_\_

\_\_\_\_\_  
Signature

*Division of ABC*

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date