

**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.

SIGNATURE

TITLE

DATE

TOTAL

DIVISION OF ABC