



IROCC

Illinois Retired Officer Concealed Carry

Reimbursement Form

MTU: _____

Date: _____

Range Location: _____

Prepared By: _____

Telephone: _____

Certification Date: _____

No. Participants: _____

Rangemaster: _____ (print or type)

IROCC Costs:

Number of Hours Worked: _____ Rangemaster: _____ Line Officers: _____

Hourly Rate*

(*IROCC Range Officer's will continue to receive the established rate of pay that your MTU has set for all other Range Officer employment)

Rangemaster: \$ _____

Line Officer: \$ _____

Range Rental \$ _____

Targets/Pasters/Target Frames/Cardboard Backers \$ _____

*Other Expenses (Please explain or attach supporting documentation) \$ _____

Total Cost Claimed \$ _____

(Attach all supporting bills and class roster)

Certification: I certify the above and enclosed facts and figures are true and correct:

(Ink Signatures - Do Not Rubber Stamp)

Mobile Team Unit Director

Date

I hereby certify that I am responsible for the settlement of accounts: that the above amounts claimed from the State of Illinois are proper charges for the IROCC program. I also certify that the fiscal records will be kept for three years after the final claim has been reimbursed.

THIS COMPLETED FORM SHOULD BE SUBMITTED, ALONG WITH ROSTER & SCORE SHEETS TO:

IROCC
3171 GREENHEAD DRIVE, SUITE
SPRINGFIELD, IL 62711