



ESCORTED LEAVE REIMBURSEMENT REQUEST

The Department of Corrections is required to be reimbursed by the incarcerated individual or their immediate family for the expenses of an escorted leave per RCW 72.01.380. The following individual has requested an escorted leave:

Name: _____ DOC number: _____

Date of escort: _____ Reason: _____

Total cost: \$ _____ Amount received: \$ _____ Amount owed: \$ _____

Sincerely,

Superintendent

Signature

Date

I have enclosed a check/money order in the amount of \$ _____ for the cost of the escorted leave.

Name

Signature

Date

Return the completed form with payment to:

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Records **COPY** - Incarcerated Individual, Classification Counselor, Business Office, Lieutenant