

## SPECIAL ESCORTED LEAVE REIMBURSEMENT REQUEST

Washington State requires the Department of Corrections to be reimbursed by the individual, the individual's immediate family, and/or the tribe for the expenses of special escorted leave for funerals or deathbed visits that will occur on or near tribal lands.

Please return this form with payment for the cost of the individual's special escorted leave.

Sincerely,

Superintendent	Signature		Date
	REIMBURSEMENT INFO	RMATION	
lame:		DOC number:	
Date of special escort:		Total cost of escort:	
Amount received from indivic	lual:		
Reason for the request:			
I, amount of \$ to cover th	ne cost of this special escorted	have enclose I leave.	d a check/money order in the
Signature Executive Director	Date		
Squaxin Island Tribe			
Please return 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 - Imaging file COPY - Business Office, Counselor, Incarcerated individual/family member/tribe