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,

________________________________________  Signature  _______________________

Superintendent  Date

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

________________________________________  Signature  _______________________

Name  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