



**RELEASE OF FUNDS**

Individual releasing: \_\_\_\_\_ Request date: \_\_\_\_\_  
 Current facility/living unit: \_\_\_\_\_ DOC number: \_\_\_\_\_  
 Release type: \_\_\_\_\_ Immediate release:  Yes  No  
 Release address: \_\_\_\_\_ Release date: \_\_\_\_\_  
 Residing with: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Case manager name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Case manager address: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**EMPLOYEE REQUESTING FUNDS COMPLETES**

<b>ACTION RCW 72.02.100</b>	<b>IMMEDIATE RELEASE</b> (Release within 90 days of court action due to Blake and other resentencing)
Amount requested (\$40.00 maximum) \$ _____	<input type="checkbox"/> Cell phone
Additional funds (\$60.00 maximum) \$ _____	<input type="checkbox"/> Food funds (\$300)
Transportation (\$100.00 maximum) \$ _____	<input type="checkbox"/> Backpack/hygiene kit

**BUSINESS OFFICE EMPLOYEE COMPLETES**

Account balance..... \$ _____
Miscellaneous funds..... \$ _____
<b>TOTAL</b> ..... \$ _____

**TRANSPORTATION ARRANGEMENTS**

Transportation method:  Private: \_\_\_\_\_  Public: \_\_\_\_\_  
 Law enforcement: \_\_\_\_\_  Special transport: \_\_\_\_\_  
 Transportation voucher requested:  Yes  No Type: \_\_\_\_\_  
 Departing time: \_\_\_\_\_ Departing from: \_\_\_\_\_ Arriving at: \_\_\_\_\_  
 Notification sent to Shift Lieutenant (name) \_\_\_\_\_ Date/time notified \_\_\_\_\_

**APPROVALS**

Requester name	Signature	Date
Superintendent/Community Corrections Supervisor <i>(Approval required when additional funds are requested)</i>	Signature	Date

**ACKNOWLEDGEMENT**

**I have received the above listed funds upon my release.**

Signature	Date	
Witness name	Signature	Date

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.