REVIEW OF FUNDS

Requester: ___________________________ Request date: ______________

Individual releasing: ___________________ DOC number: ______________

Current facility/living unit: __________________ Release date: ______________

Release type: __________________________ Release date: ______________

Release address: ________________________ Phone: ____________________

Residing with: __________________________ Phone: ____________________

Community Corrections Officer (CPO) name: __________________ Phone: __________________

CCO address: __________________________

ACTION RCW 72.02.100

Employee requesting funds complete: Amount Requested ($40.00 maximum) $_____

Additional Funds ($60.00 maximum) $_____

Transportation ($100.00 maximum) $_____

Business Office employee complete: Account Balance $_____

Miscellaneous Funds $_____

$_____

$_____

TOTAL

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 ___________________ Signature ___________________ Date ______________

VAC PRE-PAID PHONE CALL PIN

☐ I have received a VAC 300 minute pre-paid phone call pin number and instructions for use.

☐ I am declining the VAC 300 minute pre-paid phone call pin number.

Card number: ________________ Pin number: ________________

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.

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