 **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