



COMPASSION TRANSFER EXPENSE

Name _____ DOC number _____ Destination _____

COMPLETED BY OPERATIONAL CAPACITY AND TRANSPORTATION ADMINISTRATOR

1st Transport Officer: _____ 2nd Transport Officer: _____

Estimated departure: _____ at _____ a.m. p.m.

Estimated return: _____ at _____ a.m. p.m.

Employees	Rate per hour	Regular hours	Overtime (OT) hours	OT rate per hour	Total OT pay	Total fringe	Total pay
Officer 1	\$				\$	\$	\$
Officer 2	\$				\$	\$	\$

Lodging - GA				Mileage - GA	
	# of nights	Cost	Total	Mileage estimate	Rate per mile
Employees		\$	\$		\$
Individual		\$	\$	Total	\$

Meals - GA				Travel	
	# of nights	Cost	Total	Airfare	\$
Breakfast		\$	\$	Rental car	\$
Lunch		\$	\$	Tolls	\$
Dinner		\$	\$	Other	\$
Individual		\$	\$	Total	\$

Expense Totals		List/explain "Other" travel expenses:
Payroll	\$	
Lodging	\$	
Mileage	\$	
Meals	\$	
Travel	\$	
Total due:	\$	

Comments, including restraints required, clothing, and safety/security instructions:

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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