 **SPECIAL ESCORTED LEAVE**

**REIMBURSEMENT REQUEST**

Washington State requires the Department of Corrections to be reimbursed by the individual, the individual’s immediate family, and/or the tribe for the expenses of special escorted leave for funerals or deathbed visits that will occur on or near tribal lands.

Please return this form with payment for the cost of the individual’s special escorted leave.

Sincerely,

      

Superintendent Signature Date

|  |
| --- |
| **REIMBURSEMENT INFORMATION** |

Name:       DOC number:

Date of special escort:       Total cost of escort:

Amount received from individual:

Reason for the request:

I,       , have enclosed a check/money order in the amount of $      to cover the cost of this special escorted leave.



Signature Date

Executive Director

Squaxin Island Tribe

**Please return 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** - Imaging file **COPY** - Business Office, Counselor, Incarcerated individual/family member/tribe