Memorandum Attachment B

To: Assistant Director, Support Services

From: Warden/ Camp Manager
Institution Name

Date: October 10, 2003

Subject: **Escape Expense Report**

Escaped Inmate Name:
DOC Number:
Institution:
Date of Escape:

Escaped Inmate Name:
DOC Number:
Institution:
Date of Escape:

Staff Name (Last, First, MI)	Overtime Hours	Overtime Cost	Meals	Mileage
TOTALS				

TOTAL COSTS $_____

I certify that this report is complete and accurate and that the overtime claimed for each employee involved has been reconciled and verified to the individual's Weekly Timesheet.

_____

Offender Management Supervisor, Warden or Camp Manager Date

Effective: 10/30/01
Revised: