



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
CLAIM FOR RETURN OF FUGITIVES
Under §548.243 RSMo

MAIL TO: MO DEPARTMENT OF CORRECTIONS
ATTN: COUNTY REIMBURSEMENT
P.O. BOX 236
JEFFERSON CITY, MO 65102

CASE NO: _____ For expenses in returning _____,
a fugitive from justice, charged with _____ OR convicted of _____
in the State of _____, to City of _____ in the County of _____
Missouri, under authority of a **Waiver of Extradition** dated the _____ day of _____, _____.

ATTACH ORIGINAL WAIVER OF EXTRADITION

DATE OF TRANSPORT: _____ picked up from: _____, _____ (state)
DATE OUT: _____ **DATE IN:** _____ (city)
FLIGHT TIMES: **DATE OUT:** _____ **DATE IN:** _____ **TIME:** _____

RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT REQUESTED

Actual mileage traveled by agent, by the most practicable route, from _____, Missouri, to _____, State of _____ and return. (city)	\$ AMOUNTS REQUESTED
(city)	
No. of miles _____ at _____ per mile (Office of Administration rates).	
Round trip miles to / from airport for agent	
Airline fare for agent, guard* and prisoner	
Meals for agent, guard* and prisoner (itemized receipts must be attached) (Refer to CONUS - includes Tips & Tax)	
Lodging for agent, guard* and prisoner (itemized receipts must be filed for each night's lodging) (Room Rate ONLY)	
Per diem of Agent at \$4.00 per day (No. of days).	
Incidentals (includes tips for porters, baggage carriers, hotel staff, staff on ships does NOT include meal tips)	
Rental car fee for agent, guard* and prisoner	
Rental car fuel expenses for agent, guard* and prisoner	
Necessary taxi fare	
Turnpike toll fees for agent, guard* and prisoner	
Parking fees for agent, guard* and prisoner (valet parking will NOT be reimbursed unless strictly required by hotel)	
Miscellaneous Expenses (taxes on lodging)	
Contracted / Transport Services - (Company Name) (invoice for services MUST be attached)	
Use the blank spaces below for additional remarks.	

TOTAL REIMBURSABLE REQUEST
TOTAL APPROVED

CERTIFICATE OF GOVERNOR

STATE OF MISSOURI, County of _____,
_____ the Agent named on the attached Commission, make an oath that the items charged herein by him are correct and just, and that these services were necessary to enable him to properly execute the papers upon _____ as required by law.
Subscribed and sworn to before me this _____ day of _____, _____.

Agent's Signature _____

[Place Notary Stamp in Here] ⚡

Notary Public's Signature _____

Date Approved By Governor _____ Governor's Signature _____