



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 <b>CONUS</b> - includes Tips & Tax)	
Lodging for agent, guard* and prisoner (itemized receipts must be filed for each night's lodging) ( <b>Room Rate ONLY</b> )	
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 <b>NOT</b> be reimbursed unless strictly required by hotel)	
Miscellaneous Expenses (taxes on lodging)	
Contracted / Transport Services - (Company Name) (invoice for services <b>MUST</b> 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 \_\_\_\_\_