

AD-14.80-Attachment B

Texas Department of Criminal Justice
Inmate Transportation Headquarters
37A FM 247
Huntsville, Texas 77320

Phone No: (936) 293-4138 Fax No: (936) 293-3187

County Transportation Requisition Form for County Reimbursement

1. Point of origin _____
2. Point of delivery) _____
(Note Catchment if applicable)
3. **License Plate or Vehicle Number** _____
4. Date of Transfer _____
5. Number of offenders transferred _____
6. Mileage claimed _____
7. Rate for number of offenders transported _____
8. Total amount claimed _____
9. TDCJ Admissions Office electronic message Attached (Fax TDCJ Admissions)
10. TDCJ Offender Transportation authorization code N/A (or a code received from Sgts)

	NAME	SID Number	TDCJ Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____

17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____
31. _____
32. _____
33. _____
34. _____
35. _____
36. _____
37. _____
38. _____
39. _____
40. _____
41. _____
42. _____
43. _____
44. _____
45. _____
46. _____
47. _____
48. _____
49. _____
50. _____
51. _____
52. _____
53. _____