

**Pennsylvania DOC Expense Reimbursement Tracking Form**  
Completed forms should be sent to Court Administration (edgien@lyco.org)

Name of State Correctional Institution: \_\_\_\_\_

Name of State Inmate: \_\_\_\_\_ State Inmate # \_\_\_\_\_ Docket # \_\_\_\_\_

Track all time spent on detective investigation time, clerical processing, preliminary hearing time, case preparation time, court time, extradition expenses, fee bill, MDJ costs, court costs, witness fees, court reporter costs (attendance & transcribing), prisoner transportation and maintenance while in custody, juror fees, juror meals, juror lodging, and any other miscellaneous costs related to the investigation, preparation and prosecution/defense of the case.

\_\_\_\_\_ Total time documented on all SCI Muncy Time Log for your department (attach time logs)

Other additional costs (such as extradition expenses, Clerk of Court fee bill, witness fees, transcription costs, transportation costs) as they pertain to your department

\$ \_\_\_\_\_ Purpose: \_\_\_\_\_

\$ \_\_\_\_\_ Purpose: \_\_\_\_\_

\$ \_\_\_\_\_ Purpose: \_\_\_\_\_

Use additional sheets as necessary

Department \_\_\_\_\_ Department Head (print name): \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_