DEPARTMENT OF CORRECTIONS
REQUEST FOR DISBURSEMENT

PAYEE: _____
NAME

_____
STREET ADDRESS

_____ $ _____
CITY, STATE & ZIP AMOUNT

FOR: _____

_____

_____

INMATE _____ _____
Signature ODOC Number

_____ _____
Facility Housing Unit

INMATE REQUEST APPROVED BY: _____ _____
Signature Position or Badge #

By signing as staff approving the disbursement, I certify that I have met with the inmate to verify that they are the person submitting this request and that to my knowledge this disbursement would not cause a violation of policy or law.

If over $500 _____
Warden, Dep. Warden, COS, or BM Signature

I certify that I have met with the inmate in person and verified that the inmate is choosing to send the funds of their own will.

If inmate to inmate _____
Warden Signature

If check is to be returned to the facility _____
Print Department, Position, or Name check is to be returned to

Trust Fund Officer Signature _____ _____ 20_____
Date

Cashier _____ _____
Signature Check Number

Disbursements that result in a check being mailed out will result in a $0.73 charge to reimburse the agency for the postage, check, and envelope. If the check is court ordered or to a governmental agency, there will not be a charge.

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