

**DEPARTMENT OF CORRECTIONS
REQUEST FOR DISBURSEMENT**

PAYEE: _____
NAME

_____ STREET ADDRESS

_____ \$ _____
CITY, STATE & ZIP AMOUNT

FOR: _____

INMATE Requestor: _____ 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 \$500 or more _____ 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.
Facility head, assistant facility head, COS, or BM Signature

If inmate to inmate _____
Facility head 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 \$0.60 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.