**Oklahoma Department of Corrections**
**Community Level Draw Request Form**

Facility: _____ Housing Unit: _____ Date: _____

Offender Signature: _____DOC#: _____

Amount Requested: _____

Facility Staff verifying: _____

Total Received (if different from requested): _____

□ Maximum allowed on card □ Maximum allowed per level
□ Inmate did not have funds requested

Trust Fund Signature: _____ Date: _____