

**INMATE CTU PACKAGES**

RECEIVING FACILITY: \_\_\_\_\_

INMATE LAST NAME and FIRST INITIAL: \_\_\_\_\_

ODOC NUMBER: \_\_\_\_\_

NUMBER OF BOXES TRANSPORTED: \_\_\_\_\_

DUFFEL BAG SHIPPED:  YES  NO

SEAL NUMBER ON DUFFEL: \_\_\_\_\_

NUMBER OF BOXES TRANSPORTED MAXIMUM OF 2: \_\_\_\_\_

FOLLOW UP PROPERTY:  YES  NO