

**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 _____ 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.
Warden, Dep. Warden, COS, or BM Signature

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 _____ 20 _____
Signature _____ 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.