

**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: _____