

## INCARCERATED INDIVIDUAL (II) REQUEST FOR DISBURSEMENT FORM

By completing and signing this form, I hereby authorize the Department of Public Safety and Correctional Services and its fiscal employees, to issue a check from my account as indicated below.  
I understand that any disbursement request greater than five hundred dollars (\$500) shall be processed via transmittal to the Comptroller of Maryland.

SID#: \_\_\_\_\_ Facility: \_\_\_\_\_ Housing Unit: \_\_\_\_\_ Date: \_\_\_\_\_

II Name: \_\_\_\_\_ II Signature: \_\_\_\_\_

Purpose: \_\_\_\_\_ Amount (in words): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
(in numbers) (written amount must match numerical amount or request will be returned)

Pay To: \_\_\_\_\_ FEIN/SS#: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(print complete name) (payee's correct FEIN or SS# and phone number must be entered for amounts of \$500 & over)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Officer Approval: \_\_\_\_\_ Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print name)

Supervisor Approval: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### THIS SECTION TO BE COMPLETED BY WARDEN OR DESIGNEE IF APPROVAL IS REQUIRED

\_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED Reason for Denial: \_\_\_\_\_

Warden's (or Designee) Signature & Date: \_\_\_\_\_

OPS form # 245-1aR (rev. 11/2024)

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