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:	
Name:		II Signature:		
urpose:	Amount (in words):		Amount: \$	
(in numbers)		(written amount must match numerical amount or re	quest will be returned)	
ay To:		FEIN/SS#:	Phone #: _	
(print complete name)		(payee's correct FEIN or SS# and ph	one number must be entered for amo	unts of \$500 & over)
ddress:		City:	State:	Zip:
Officer Approval:		Officer Signature:		Pate:
rint name) upervisor Approval:		Supervisor Signature:	ı	Date:
• ••	SECTION TO BE COMP	LETED BY WARDEN OR DESIGNEE IF	F APPROVAL IS REQUIRE)
APPROVED	DENIED	Reason for Denial:		
Varden's (or Designee) Signature & OPS form # 245-1aR (rev. 11/2024)	Date:			
INC	ARCERATED INDIV	IDUAL (II) REQUEST FOR DIS	SBURSEMENT FORM	1
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		Housing Unit:	•	er of iviaryland.
Name:		II Signature:		
urpose:	Amount (in words):			Amount: \$
		(written amount must match numerical amount of		(in numbers)
ay To:(print complete name)	_	FEIN/SS#:	Phone #: none number must be entered for amo	
ddress:			State:	
uui ess.				
Officer Approval:		Officer Signature:		Oate:
upervisor Approval:		Supervisor Signature:	1	Oate:
THIS	SECTION TO BE COMP	LETED BY WARDEN OR DESIGNEE IF	APPROVAL IS REQUIRE	
APPROVED	DENIED	Reason for Denial:		
/arden's (or Designee) Signature & PS form # 245-1aR (rev. 11/2024)				
		IDUAL (II) REQUEST FOR DIS		1
By completing and signing this form, I he	ereby authorize the Department	of Public Safety and Correctional Services and its fi	scal employees, to issue a check fro	m my account as indicated below.
	,	than five hundred dollars (\$500) shall be processed	•	•
IU#:	Facility:	Housing Unit:	Date:	
		II Signatura:		
Name:		ii Signature.		
				Amount: \$
		(written amount must match numerical amount of	r request will be returned)	Amount: \$(in numbers)
urpose:ay To:		(written amount must match numerical amount or FEIN/SS#:	r request will be returned) Phone #:	(in numbers)
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urpose: ay To: (print complete name) ddress: fficer Approval:	Amount (in words):	(written amount must match numerical amount or FEIN/SS#:	r request will be returned) Phone #: _ none number must be entered for amo State:	(in numbers) unts of \$500 & over) Zip:
urpose:	Amount (in words):	(written amount must match numerical amount or FEIN/SS#:	r request will be returned) Phone #: _ ione number must be entered for amo State:	(in numbers) unts of \$500 & over) Zip:
urpose:ay To:(print complete name) ddress: officer Approval: urint name) upervisor Approval:	Amount (in words):	(written amount must match numerical amount or FEIN/SS#: (payee's correct FEIN or SS# and ph	r request will be returned) Phone #: _ lone number must be entered for amo State:	(in numbers) unts of \$500 & over) Zip: Date:

Warden's (or Designee) Signature & Date: _
OPS form # 245-1aR (rev. 11/2024)