INMATE 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: _____

Inmate Name: _____ Inmate 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: _____

ADM form # 245-1aR (rev. 01/2023)

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