

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): _____
(written amount must match numerical amount or request will be returned)

Amount: \$ _____
(in numbers)

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

Phone #: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Officer Approval: _____ **Officer Signature:** _____ **Date:** _____

Supervisor Approval: _____ **Supervisor Signature:** _____ **Date:** _____

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

APPROVED DENIED Reason for Denial: _____

Warden's (or Designee) Signature & Date: _____