INCARCERATED INDIVIDUAL CHARITABLE ACTIVITY REQUEST

Directive Number: OPS.245.0008 – Appendix A

Facility Name:

Activity:

Purpose:

Activity Details:

Date(s):

Time(s):

Charitable Organization (Name):

Facility Coordinator:

Coordinator Phone #:

Coordinator E-mail Address:

Activity Location(s):

Supply Requirements:

1. **Equipment Requirements:**
2. **Staffing Requirements:**

Vouchers to be delivered to Fiscal Services Chief by: _____
(Date)

APPROVALS

Warden/Asst. Warden/Designee: _____Approved: ___ Disapproved: ____ Date: _____
Comments: _____
_____

Food Service Unit: _____Approved: ___ Disapproved: ____ Date: _____
Comments: _____
_____

Fiscal Services Chief: _____Approved: ___ Disapproved: ____ Date: _____
Comments: _____

_____

Assistant Commissioner _____Approved: ___ Disapproved: ____ Date: _____
Comments: _____
_____

Commissioner or Director: _____Approved: ___ Disapproved: ___ Date: _____
Comments:_____
_____

Director of Fiscal Field Operations via email: _____ Date: _____
Comments:_____
_____

This form must be submitted to the Commissioner or Director for approval 30 days prior to the event.