REQUEST FOR INMATE PERSONAL PROPERTY REIMBURSEMENT

TO:	,
Director, Security Opera	ations
FROM: Warden	,
DATE:	
Inmate Name	DOC#
Social Security #	Current Facility
Attached is documentation for which I am recommending property reimbursement to the above-named inmate in the amount of \$ for the property described below.	
	(Use reverse side if necessary)
I accept/refuse the reimbursement amount above to compensate me for my property.	
Inmate's Signature	Staff Witness
	~
cc: Inmate	

DC Form 220-008aR