

# Attachment F – Request for Disbursement Form

DEPARTMENT OF CORRECTIONS		
REQUEST FOR DISBURSEMENT		
		No. _____
PAYEE: \$ _____	NAME _____	
STREET ADDRESS _____		
CITY, STATE & ZIP _____		AMOUNT _____
AUTHORIZED BY:		
<input type="checkbox"/> TRUST FUND OFFICER		
<input type="checkbox"/> CANTEEN OFFICER	_____ SIGNATURE	DATE _____ 20____
<input type="checkbox"/> PETTY CASH OFFICER		
CASHIER _____	_____ SIGNATURE	_____ CHECK NO.
FOR: _____		
_____		
_____		
OFFENDER APPROVAL: _____	_____ SIGNATURE	_____ NUMBER
OFFENDER REQUEST APPROVED BY: _____	_____ SIGNATURE	_____ BADGE NUMBER