| WITHDRAWAL REQUEST - INMATE'S PERSONAL DEPOSIT FUND (See Reverse for Privacy Act Statement) | | DATE | | |
|---|---|-----------------------|-------------------|------------|
| то: | , | SERIAL NO. PREFIX SER | | SERIAL NO. |
| I REQUEST WITHDRAWAL FROM MY PERSONAL DEPOSIT FUND | ACCOUNT | | | |
| AMOUNT IN WRITING | 7,000,011. | | AMOUNT IN FIG | GURES |
| | appropriate items) | | Ψ | |
| I AUTHORIZE PAYMENT BY CHECK. | 4000500 | | | |
| NAME OF PAYEE | ADDRESS | | | |
| PURPOSE | | | | |
| I REQUEST PETTY CASH. | | | | |
| PURPOSE | | | | |
| SIGNATURE OF INMATE | | | SSN | |
| (To be comple | ted by office of custodian) | | | |
| DATE ACTION | CHECK NUMBER | | PCV NUMBER | |
| APPROVED DISAPPROV | ED | /Data an | al imitia IV | |
| SIGNATURE OF CUSTODIAN PERSONAL DEPOSIT FUND | PREPARED BY | (Date an | POSTED BY | |
| | T KEI / KEB B I | | T GOTED BY | |
| CUT FORM | ALONG DOTTED LINE | | | |
| WITHDRAWAL REQUEST - INMATE'S PERS (See Reverse for Privacy Act Sta | | | DATE | |
| TO: | | | | |
| I REQUEST WITHDRAWAL FROM MY PERSONAL DEPOSIT FUND | ACCOUNT. | | | |
| AMOUNT IN WRITING | | | AMOUNT IN FIGURES | |
| (Fill in a | appropriate items) | | | |
| I AUTHORIZE PAYMENT BY CHECK. | | | | |
| NAME OF PAYEE | ADDRESS | | | |
| PURPOSE | | | | |
| I REQUEST PETTY CASH. | | | | |
| PURPOSE | | | | |
| SIGNATURE OF INMATE | | | SSN | |
| /Te be seconds | tod by office of avatadian) | | | |
| DATE ACTION | ted by office of custodian) CHECK NUMBER | | PCV NUMBER | |
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| SIGNATURE OF CUSTODIAN PERSONAL DEPOSIT FUND | DDEDARED BY | (Date an | | |
| | PREPARED BY | | POSTED BY | |

| PRIVACY ACT STATEMENT | | | | |
|--|--|--|--|--|
| AUTHORITY: 10 U.S.C. 8013 E.O. 9397 PURPOSE(S): The SSN is needed to positively identify the individual to allow accurate receipt of personal property and/or monetary transactions to take place. DISCLOSURE: Disclosure is voluntary. | | | | |
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| CUT FORM ALONG DOTTED LINE | | | | |
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