

Inmate Name: _____ Number: _____
Institution: _____ Date: _____

[illegible]

Cash Total	Retained:	Amount
Amount:		Deposited:

- () I agree to mail the above items marked M from my own funds.
- () I agree to have the above items marked U picked up by the person named below.
- () I do not have the necessary funds for postage. However, I will obtain the necessary funds during the thirty (30) days allowed for disposition of these items.
- () I agree that the above items marked D be disposed of by the state.
- () I acknowledge receipt of items marked I. I understand I am responsible for the care, use, and security of these items.

Name: _____ Address: _____ _____ _____	Witness:	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 70%; text-align: center;">Signature of Officer</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 30%; text-align: center;">Rank</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Institution or Community Facility</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Signature of Inmate</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Inmate Number</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;"></td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Date</td> </tr> </table>	Signature of Officer	Rank			Institution or Community Facility	Date			Signature of Inmate	Inmate Number		Date
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W - Worn out