

Offender Miscellaneous Withdrawal Form

Request Date: _____ GDC #: _____

Offender Name: _____

Facility: _____ Dorm/Room#: _____

Quarter: January–March April–June July–September October–December

Requested Withdrawal Amount: \$ _____ (If this amount is over \$150 it will require the Warden's signature and if amount is over \$500 it will require Administration Division Director approval and signature .)

Reason for Withdrawal:

Send Check to:

I understand the above amount will be withdrawn from my account. I also understand that the cost of an envelope and a stamp will be withdrawn from my account, as I no longer provide this with the request. This withdrawal will show on my account as an Indigent Loan and will be for the current cost of \$0.55.

Date: _____ Offender Signature: _____

I certify that the signature and GDC# of the above named offender is correct:

Date Approved/Dis-approved: _____ Signature of authorized approver: _____

Printed name of approver: _____

Required: _____ Store Restriction: Yes No

Date Approved: _____ DWA/Authorized Designee: _____

Required if requested amount is over \$150.00:

Date Approved: _____ Warden's Signature: _____

Required if amount is over \$500.00:

Date Approved: _____ Regional Director Signature: _____

Date Approved: _____ Assistant Commissioner of Admin. Signature: _____

Retention Schedule: Upon completion, this form shall be scanned and maintained electronically for five (5) years on the CBU server.