DAILY PACKOUT SHEET

DETAIL	# OF P/O REQUESTED	NUMBER RECEIVED & OFC SIGNATURE	SUPERVISOR'S SIGNATURE
TOTAL:			

Additional Packout Meal(s) may be requested due to transfers in ID or additional offenders being added to details. This information will be relayed to you through the Split-Shift Supervisor/Detail Supervisor.

Number of Packout Meal(s) returned to Food Service: _____

Signature of Detail Supervisor: _____ Date: _____

Retention Schedule: Upon completion, this form shall be maintained in a local food service filing area for one (1) year in an active file and five (5) years in an inactive file, and then destroyed.