~~~~**CHECK REQUEST**

Name DOC number Facility Date

**PAYEE:**       Date:       $

Address:       Check number:

Description:

**PAYEE:**       Date:       $

Address:       Check number:

Description:

**PAYEE:**       Date:       $

Address:       Check number:

Description:

**PAYEE:**       Date:       $

Address:       Check number:

Description:

**PAYEE:**       Date:       $

Address:       Check number:

Description:

**PAYEE:**       Date:       $

Address:       Check number:

Description:

Signature Date

Case manager/designee Signature Date

Reentry Center Manager/designee Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

Distribution: **WHITE** - Business Office/Imaging file **COPY** - Incarcerated individual