



**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