

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

INMATE REQUEST FOR WITHDRAWAL

Example
1.13-1

INMATE TRUST FUND

DATE

PLEASE USE A BUSINESS SIZE ENVELOPE

Transfer within TF Unit

Inmate

Outside Purchase

Signature

W/O ID Com Purchase

Unit

Other _____

Review _____

DO NOT FOLD, STAPLE OR TAPE

Use Black or Dark Blue Ink.

(1) TDCJ NUMBER (5)

Print CAPITAL letters and numbers block style inside square without touching sides.

1 5 8 9 A B C D

Approving Officer Signature

(7) INMATE LAST NAME (19) (20) FIRST NAME (30) MI

(38) [---DOLLARS---] [---CENTS---] (43)

WRITTEN AMOUNT

(81) PAY TO THE ORDER OF TF PAGE

Right Thumb Print

PAYEE'S ADDRESS: STREET APT. NO. CITY STATE ZIP
1-25 (REV 5/97)