

CHECK REQUEST

Name	DOC number	Facility		Date
PAYEE:		Date:	9	5
Address:			Check number:	
Description:				
PAYEE:		Date:	9	S
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 pubwill be redacted in the event of such a request. This fo	olic disclosure. Social Securion is governed by Executive	ty Numbers are Order 16-01, R	considered confidentia CW 42.56, and RCW 40.	l information and 14.
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DOC 06-074H (Rev. 10/12/23) Scan Code TA04				DOC 200.000
Department of Corrections WASHINGTON STATE			CHEC	K REQUEST
Name	DOC number	Facility		Date
PAYEE:		Date:		\$
Address:			Check number:	
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PAYEE:		Date:		S
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Signature	 Date			
Signature	Date		_	
Signature Case manager/designee				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.

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