



CHECK REQUEST

Name DOC number Facility Date

PAYEE: Date: \$ Address: Check number: Description:

PAYEE: Date: \$ Address: Check number: Description:

Signature Date Case manager/designee Signature Date Community Corrections Supervisor/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 00-03, RCW 42.56, and RCW 40.14.

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