

OFFENDER BENEFIT PURCHASE REQUEST FORM

Date: _____

Facility: _____

Department: _____

Vendor: _____

Vendor Phone Number: _____

	Description	Quantity	Unit Price	Total
1				\$ -
2				\$ -
3				\$ -
4				\$ -
5				\$ -
6				\$ -
7				\$ -
8				\$ -
9				\$ -
10				\$ -
11				\$ -
12				\$ -
			Sub-total	\$ -
			Shipping/Freight	\$ -
			Sales Tax	\$ -
			TOTAL	\$ -

Justification/Benefit to Offender Population

Commissary Account Balance	\$ -
LESS Outstanding Accounts Payable	\$ -
Less Designated Reserve	\$ -
Balance Available	\$ -
Balance After Purchase	\$ -

Requesting Department Head/Deputy Warden

Deputy Warden of Administration or Financial Ops

Warden or Superintendent

Region Director - (Purchases over \$1,500)

Director, Field Operations - (Purchases over \$7,500)

Asst. Commissioner, Administration & Finance Division (or designee)
(If purchase will cause facility to exceed 10% Quarterly Gross Sales)

Retention Schedule: Upon completion, this form shall be maintained for five (5) years and then shall be destroyed.