Minnesota Correctional Facilities

Incarcerated Person Voucher / Special Order Form

Multiple Copies: Type or Press Firmly

VOUCHER INFORMATION - PART 1

IP Name _____ OID # _____

Payable To _____ Facility _____

Street Address _____ Living Unit _____

City St Zip _____ Bed _____

Transfer from Spending to Saving: $_____

Transfer from Savings to Spending: $_____

Transfer from Spending to Gate: $_____

Reason for withdrawal: (e.g. vendor order, copies, money sent out)

Incarcerated Person may send money according to DOC Policy 300.100

SPECIAL ORDER INFORMATION - PART 2

(CREDIT MAY NOT BE USED TO PURCHASE SPECIAL ORDERS)

VENDORS: NO SUBSTITUTES OR BACK ORDERS

Quantity	Description	Catalog #	Page #	Size	Color	Ship wt.	Price Each	Total Price

Ship to:

Name _____

OID/Facility (if applicable) _____

Street address _____

City St Zip _____

Refund check must be mailed to:

MN Dept of Corrections

Attn: OFM

PO Box 4719

St. Paul, MN 55101

Sub Total _____

Tax _____

S/H Charge _____

Total _____

APPROVALS – Part 3 - Staff must verify IP ID to IP and voucher and then stamp voucher "ID Verified"

Stamp in this box:

Please Charge $ _____ to my spending account.

Offender Signature _____ OID # _____

Signature Verified By _____ Date _____

Printed Name of Staff _____ Date _____

Unit LT Signature (Requests of $500 or more) _____ Date _____

Property Approved _____ Date _____

Religious Services/Hobbycraft Approval _____ Date _____

White(1): Finance Yellow(2): Vendor Pink(3): Property

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