## Outside Purchase/Special Package Request

Package Ordered By:		
Inmate	Friend/Family	Print Name
size Of Item)	Price Each	Item Total
_	Inmate	☐ Inmate ☐ Friend/Family

Inmate	's Signature:	Facility Staff Signature	Facility Staff Signature:	

## Denied Reason: Approved Date: **APPROVAL VALID FOR 90 DAYS**

This approval for purchase is conditional. If the article is not authorized, is disapproved, or fails to meet the requirement of the Property directive, it will be returned to the sender at the inmate's expense.