

<b>WITHDRAWAL REQUEST - INMATE'S PERSONAL DEPOSIT FUND</b> <i>(See Reverse for Privacy Act Statement)</i>		DATE	
TO: _____		SERIAL NO. PREFIX	SERIAL NO.
I REQUEST WITHDRAWAL FROM MY PERSONAL DEPOSIT FUND ACCOUNT.			
AMOUNT IN WRITING		AMOUNT IN FIGURES	
		\$	
<i>(Fill in appropriate items)</i>			
I AUTHORIZE PAYMENT BY CHECK.			
NAME OF PAYEE		ADDRESS	
PURPOSE			
I REQUEST PETTY CASH.			
PURPOSE			
SIGNATURE OF INMATE		SSN	
<i>(To be completed by office of custodian)</i>			
DATE	ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	CHECK NUMBER	PCV NUMBER
SIGNATURE OF CUSTODIAN PERSONAL DEPOSIT FUND		<i>(Date and initial)</i>	
		PREPARED BY	POSTED BY

**AF IMT 1390, 20010301, V1**

PREVIOUS EDITIONS ARE OBSOLETE.

----- CUT FORM ALONG DOTTED LINE -----

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**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 8013 E.O. 9397

**PURPOSE(S):** The SSN is needed to positively identify the individual to allow accurate receipt of personal property and/or monetary transactions to take place.

**DISCLOSURE:** Disclosure is voluntary.

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**REVERSE**

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