CANTEEN/SHOPPING ITINERARY

INMATE NAME: _____ODOC#_____FACILITY:_____

LEAVE DATE: FROM :_____(DATE/TIME) TO:_____(DATE/TIME)

DATE	TIME		BUSINESS	ADDRESS	PHONE
	FROM:	TO:_____			
	FROM:	TO:_____			

ITEMS TO BE PURCHASED:

_____

_____

_____

_____

_____

_____

_____

I understand that failure to adhere to this itinerary may result in disciplinary action and that any changes will be approved by the facility head or designee PRIOR to the actual change. I understand that I will list above all items that I wish to purchase and that I am authorized to purchase only those items listed. I also understand that I will present proof of purchase/receipt for all newly purchased items that I have in my possession upon my return to the facility.

INMATE SIGNATURE:_____ODOC#_____DATE:_____

CASE MANAGER APPROVAL:_____DATE:_____

SHIFT SUPERVISOR APPROVAL:_____DATE:_____

_____   _____
INMATE SIGNATURE-OUT   DATE   TIME   STAFF SIGNATURE - OUT DATE   TIME

_____   _____
INMATE SIGNATURE-RETURN DATE TIME   STAFF SIGNATURE - RETURN DATE   TIME