

### Aggravated Drug Trafficking Bond Program Deposit Receipt

| Offender Name | DOC # | Money order serial number | Amount |
|---------------|-------|---------------------------|--------|
|               |       |                           |        |
|               |       |                           |        |
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|               |       |                           |        |
| Total         |       |                           |        |

Prepared by: \_\_\_\_\_ Received by: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_