



B 121

Instructions: Regulated items purchased from the commissary and all items purchased from an approved mail order source must have prior approval from the Facility Unit Head, or designee, and must be added to your personal property inventory. Submit this completed form along with an order blank, a cash withdrawal form, and stamped, addressed envelope to the Facility Unit Head. All mail order purchases must be prepaid from your trust fund account.

Offender Name: _____ Number: _____
Facility: ROSP Date: July 5/08

I request approval to purchase the items listed below, to be paid for from my personal funds in my offender account:

Quantity	Description of Item	Cost
<u>24 2yrs</u>	<u>MEM NOTES</u> <u>NEWSLETTER</u>	<u>FREE</u>
<u>24 2yrs</u>	<u>MEM NEWSLETTERS/PERSONAL</u> <u>NEWSLETTER</u>	<u>FREE</u>
<u>24 2yrs</u>	<u>MEM THEORY</u> <u>NEWSLETTERS</u>	<u>FREE</u>
<u>PLEASE SEND BACK WITH ORDER AND MAKE COPY</u>		

I will purchase these items from: Commissary Mail Order Vendor; Name and Address of Vendor:

Vendor: MEM DISTRIBUTORS
Address: P.O. BOX 40799
City: SAN FRANCISCO State: CA Zip: 94104

All items and publications ordered will be inspected for compliance with Operating Procedures 802.1 and DOP 852 (Operating Procedure 803.2), before I can receive them. I understand that, if they are found not to meet the criteria set forth in these procedures, I will not be permitted to have them.

I also understand that any publications ordered, which contain unauthorized advertising items that I am not permitted to have in my possession at this facility (to include but not limited to, stickers, CD's/CD ROM's, Collector Cards, Make-Up Samples, Calendars, etc.), may have the unauthorized advertising item removed and disposed of without notifying me so that I may receive my publication.

Signature of Offender: _____

Your order is: Approved Subject to Review
 Disapproved for the following reason: _____



Date: 7/22/08 Signature: C/O V. Rosnick
(Facility Unit Head/Designee)

Accounting Department Use: Sufficient Funds (forwarded to vendor) _____
 Insufficient Funds (order disapproved) _____ Initials

Return a copy of this request to offender and retain original.

Date Item(s) Received in Personal Property: _____
Date Added to Inventory: _____ Date Issued to Offender: _____
If Disapproved, Reason: _____
Disposition/Date: _____

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