REQUEST AND RECEIPT FOR HEALTH AND COMFORT SUPPLIES

1. TO:	2. FACILITY/BRIG	3. DATE *(YYYYMMDD)*
4. REQUESTED BY *(Last Name - First Name - Middle Initial. Printed or Typed)*		5. DoD ID/SSN *(Last 4)*
6. UNIT/AGENCY		7. BRANCH OF SERVICE

8. I authorize the Correctional Facility/Brig Commanding Officer to withdraw sufficient funds from my personal deposit fund account to pay for the health and comfort supplies described below. I understand that the cost of these supplies will be charged against my military pay account if the balance of my personal deposit fund account is insufficient to cover the total cost of these supplies. No charge will be made against my military pay account if I am in a nonpay and allowance status.

a. QUANTITY		b. ITEM	c. UNIT COST	d. COST
(1) Requested	(2) Issued			
			e. TOTAL COST	

9. REQUESTED BY *(Signature)*

10. APPROVAL AND AUTHENTICATION

a. NAME, GRADE, AND TITLE OF APPROVING OFFICER *(Printed or Typed)*	b. SIGNATURE OF APPROVING OFFICER

11. RECEIPT

a. I acknowledge receipt of the issued health and comfort articles costing Dollars Cents.	b. DATE *(YYYYMMDD)*	c. SIGNATURE