

CANTEEN/SHOPPING ITINERARY

INMATE NAME: _____ DOC# _____ 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 must 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 must present proof of purchase/receipt for all newly purchased items that I have in my possession upon my return to the facility.

INMATE SIGNATURE: _____ DOC# _____ 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