REQUEST AND RECEIPT FOR HEALTH AND COMFORT SUPPLIES

TO:	INSTALLATION	DATE
REQUESTED BY *(Last Name - First Name - Middle Initial. Printed or Typed)*		GRADE OR RATE
SSN	ORGANIZATION	DEPT. OF MIL. SERVICE

I authorize the Confinement/Correctional Facility 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.

QUANTITY		ARTICLE	UNIT COST	COST
Requested	Issued			
REQUESTED BY *(Signature)*			**TOTAL COST**	

APPROVAL AND AUTHENTICATION

NAME, GRADE OR RANK & TITLE OF APPROVING OFFICER *(Printed or Typed)*	SIGNATURE OF APPROVING OFFICER

RECEIPT

I acknowledge receipt of the issued health and comfort articles costing	DATE	SIGNATURE
Dollars **Cents.**		