Commissary Package Authorization Request Form

Step 1: Submit this form to your institution's ISM or designee. If approved, your request will be forwarded to the Commissary for processing. Commissary will contact you regarding your request.

Inmate Name: _____ SID Number: _____

Institution: _____ Housing: _____

Item Requested (Detailed description):

_____

_____

_____

Reason for Request:

_____

_____

_____

_____

Inmate Signature: _____

ISM or Designee Approval: _____

After statewide approval, please forward this form to NWC at 3601 State Street ST, Salem, OR 97301

Step 2: Below is information for the product you requested. Please sign and approve/reject purchase of requested item in the designated area below and return to it to NWC. Please note, all sales are final and if you approve purchase of this item you are also accepting responsibility to send this item out, at your expense, if you are transferred to another institution where this item is not authorized.

Item: _____

Retail Price (including shipping): $_____

Estimated shipping time from order date: _____

Please Check One: Approved to Purchase ☐ Reject Purchase ☐

Return form to NWC by _____ or your request will automatically be canceled.

- If approved, this item will be purchased and delivered through normal commissary operations.
- If rejected, please indicate reason:

  _____

  _____

Inmate Signature: _____

******* ALL SALES ARE FINAL *******

CD 1712 5/28/15