

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**FOOD PACKAGE RECORD**

This record must accompany this inmate's records when he or she is transferred

\_\_\_\_\_ Correctional Facility

SHEET/PAGE NO. \_\_\_\_\_

NAME: \_\_\_\_\_ DIN #: \_\_\_\_\_ Date received at the facility: \_\_\_\_\_

No.	Date	From	Lbs.	Rec'd (Visit/Mail/UPS etc.)	ISSUED BY	INMATE'S SIGNATURE
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- Signer acknowledges receipt of items checked under the same package number on the reverse side of this form.

