

FOOD PACKAGE RECORD

This record must accompany this incarcerated individual's records when they are transferred.

_____ Correctional Facility SHEET / PAGE NO. _____

NAME: _____ DIN #: _____ Date received at the facility: _____

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

