

### SHERIFF'S INMATE TRUST FUND CHECK

SHERIFF OF THE COUNTY OF \_\_\_\_\_ COUNTY, STATE OF OKLAHOMA

Date \_\_\_\_\_

No. \_\_\_\_\_

Pay to the Order of \_\_\_\_\_

\$ \_\_\_\_\_

Dollar Amount \_\_\_\_\_ dollars

For \_\_\_\_\_

Case Number \_\_\_\_\_

\_\_\_\_\_  
County Sheriff/Deputy Sheriff

\_\_\_\_\_  
Deputy Sheriff