



THE CUYAHOGA COUNTY SHERIFF'S DEPARTMENT
SHERIFF HAROLD A. PRETEL

VERIFICATION FORM FOR UNCLAIMED COMMISSARY FUNDS

Name of Claimant: _____

Claimant's Address: _____

Claimant's SO Number: _____

Claimant's Phone # (optional for check pick-up) _____

Date of release: _____

Accounting String: FS805155 58350 0000

Activity Code: _____

Supporting documentation (including signed W-9)
submitted to Accounts Payable (check here)



Amount of unclaimed funds: _____

Date Verified: _____

Verified by: (print name) _____

Verified by: (signature) _____

Mail check to Claimant _____ Claimant will pick up check at commissary _____

Claimant's Signature and Date: _____

Signature

Date