

Smudging Supplies, Commissary Order Form

Inmate Name (Please print): _____

Inmate Number: _____

Facility: _____

Housing Unit: _____

Bed Location: _____

Inmate Sign Here When Ordering: _____

Date: _____

Institutional Religious Facilitators Approval Signature: _____

Date: _____

NO REFUNDS - NO TRADES

I am aware that the total cost of these items will be deducted from my account and that state sales tax will be added to those prices where applicable. Taxable items are marked with asterisks. We reserve the right to limit orders. This order is subject to posted Commissary rules. Prices are subject to change.

Circle the QUANTITY column for the item you are ordering.

#	ITEM	QUANTITY	COST
1022	Barred Wing Feather **	1	2.37
1122	Abalone Shell, Small **	1	3.25
1124	Cedar Bundle **	1	4.55
1125	White Sage Bundle **	1	2.93
1025	Kinni-Kinnik Ceremonial Blend **	1	10.40
1029	Smudge Stick **	1	9.75
1014	Medicine Bag **	1	3.63

** Taxable

This order form is available only from your facility's Institutional Religious Facilitator, and must be completed in their presence. Supplies will be distributed, by the Commissary, to the Institutional Religious Facilitator.

Religious Coordinator Sign Upon Receipt of Items _____

Date Received: _____