

South Carolina Department of Corrections
Division of Finance
COOPER TRUST FUND WITHDRAWAL

Financial Accounting
Branch Use Only:

Facility: BROAD RIVER

0211
Location Code

Date: 120125
M M D D Y Y

ACCOUNT INFORMATION

Account Number: 304613
Inmate # or Employee SS#

Account Name: BURKE
Last

D ROGER
MI First

I request money be taken from my account to issue a check for this amount to be mailed to payee shown below.

\$, 250.00



Inmate Thumb & Index fingerprints required.

Roger D. Burke

Inmate/Accountholder Signature

[Handwritten Signature]

Signature of Institution Staff Inmate ID Verification

DEC 04 2025
SC Court of Appeals

Signature of Warden / Printed Name of Warden

PAYEE INFORMATION

Payee Namer: select vendor OR individual

Vendor/Business: S.C. COURT OF APPEALS

Individual: []
First MI Last

PAYEE'S MAILING ADDRESS

Street/Box: PO BOX 11629

Street/box (optional line): 1220 SENATE STREET

Columbia SC 29211
City State Zip Code

VENDOR ATTACHMENT: Y/N

N

If an ORDER or REMITTANCE form is attached for mailing with a check to vendor enter Y=yes; if none, enter N.

NO other types of attachments (letters, cards, etc.) will be accepted.