|  |  |  |
| --- | --- | --- |
|  | Virginia Correctional  Enterprises | 8030 White Bark TerraceNorth Chesterfield, VA 23237  FAX: 804-743-2206  Email: [VCEReleaserequest@vadoc.virginia.gov](mailto:VCEReleaserequest@vadoc.virginia.gov) |

**VCE Release Concurrence**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VCE Use Only** | | | | | |
| Release Receive Date: | Release Received Via | | Email  Fax | Tracking Number: | |
| Reviewed By: | | Respond Date: | | | Email  Fax |

**Requesting Agency Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Agency: A208 - Virginia Tech | | |
| Request Submitted By: | | | Phone: |
| Email Address: | | | Fax: |
| **Have you discussed these items with your sales person**  Yes  No  **If not, please discuss with him/her prior to submitting a release.** | | | |
| Sales Contact Name: | | Date: | |

# Provide Details of Items to be Released Attach Pictures/Specs if Available and Quote or Verification of pricing for items

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DESCRIPTION:  Manufacturer, Item Number, PO# | Quantity | Dollar Amount | Released | |
|  |  |  | Yes | No |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**REASON FOR REQUEST:**

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| --- |
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|  |  |
| --- | --- |
| VCE Authorized Signature: | Date: |
| VCE Remarks: | |

## The Customer is Responsible to Retain a Copy of this Release For Their Records