|  |  |  |
| --- | --- | --- |
|  | Virginia CorrectionalEnterprises | 8030 White Bark TerraceNorth Chesterfield, VA 23237 FAX: 804-743-2206 Email: VCEReleaserequest@vadoc.virginia.gov |

 **VCE Release Concurrence**

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

 **Requesting Agency Information:**

|  |  |
| --- | --- |
| Date:        | Agency: #215 University of Mary Washington |
| Request Submitted By:       | Phone:        |
| Email Address:        | Fax:        |
| **Have you discussed these items with your sales person** [x]  Yes [ ]  No **If not, please discuss with him/her prior to submitting a release.** |
| Sales Contact Name: Karl Schnurr | 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 |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |
|       |       |       | [ ]  | [ ]  |

**REASON FOR REQUEST:**

|  |
| --- |
|       |

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

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