

**Virginia Community Criminal Justice Association
Purchase Requisition Form**

Committee: _____ **Requester:** _____ **Date:** _____

Reason for Request	Cost	Total
	Total Requisition:	

Vendor: _____ **Tax ID:** _____

Address: _____ **Phone:** _____

If a reimbursement- check here: _____

Name to be on Check: _____

Address to send check: _____

Approval to Purchase Authorized By (must be approved by any Executive Committee Member or Committee Chair):

Signature

Title

Date

Approved By: _____ **President/Designee** **Date:** _____

_____ **Treasurer/Designee** **Date:** _____

Purchase Paid/ Reimbursement Date: _____ **Check No.** _____