Virginia Community Criminal Justice Association
Purchase Requisition Form

Committee: _____ Requester: _____ Date:_____

Quantity	Unit Price	Total
	Total Requisition:	

Vendor: _____ Tax ID: _____

Address: _____ Phone: _____

If a reimbursement check here: _____
Name to be reimbursed: _____
Address to send check: _____

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

_____ _____ _____
Signature Title Date

Are items in approved budget? __Yes ___No

If No, and under $500, approval required by President and Treasurer. Items $500 and above require budget amendment approval by Executive Committee.

Approved By: _____ President/Designee Date: _____

_____ Treasurer/Designee Date: _____

Purchase Paid/Reimbursement Date: _____ Check No. _____