|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | Vehicle Purchase Request VOCA UNIT | | |
| Missouri Department of Social Services | | | **Date: [Click to Select Date]** | | |
| In columns below please provide the following information. In column one, please provide your Department contact information. In the second column, please provide the dealership information from where the vehicle is being purchased. | | | | |  |
| SUBRECIPIENTAgency | [Contact Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [phone] | Vehicle Purchased From: | | [Company Name]  [Street Address]  [City, ST ZIP Code] | |

In the table below, please provide the following information on the vehicle being requested for purchase.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Make | Model | Mileage | VIN | Purchase Price |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

In the space below, please have the Authorized Official or Project Director Sign and date.

|  |  |  |
| --- | --- | --- |
|  | Requested by A vehicle should not be purchased until this form is signed by FSD-VOCA and emailed to the Department contact. The bill of sale or vehicle purchase invoice will be required documentation when invoicing the vehicle purchase for reimbursement. | Date |

**DSS-VOCA Unit Use Only**

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| --- | --- |
| **If the vendor provides any “personal information” as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and  providing such information for that purpose.  The state will treat such personal information in accord with §105.1500, RSMo.** | |
| Approved by | Date |