



VCE Release Concurrence

VCE Use Only

Release Receive Date: _____	Release Received Via <input type="checkbox"/> Email <input type="checkbox"/> Fax	Tracking Number: _____
Reviewed By: _____	Respond Date: _____	<input type="checkbox"/> Email <input type="checkbox"/> Fax

Requesting Agency Information:

Date:	Agency:
Request Submitted By:	Phone:
Email Address:	Fax:
Have you discussed these items with your sales person <input type="checkbox"/> Yes <input type="checkbox"/> 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
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

REASON FOR REQUEST:

VCE Authorized Signature:	Date:
VCE Remarks:	

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