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| --- | --- | --- | --- | --- | --- |
|  | | | VOCA Vehicle Purchase Request | | |
| Missouri Department of Public Safety  Crime Victim Services Unit | | | **Date: [Click to Select Date]** | | |
| In columns below please provide the following information. In column one, please provide your agency contact information. This should be the same contact information that is provided in the Webgrants system. In the second column, please provide the dealership information from where the car is being purchased. | | | | |  |
| Agency | [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 DPS-CVSU and uploaded to the Webgrants System. The bill of sale or vehicle purchase invoice will be required documentation when claiming the vehicle purchase for reimbursement. | Date |

**DPS-CVSU use only**

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|  | |
| Approved by | Date |