

Please Note: Attached is the current Certificate of Release form used by Missouri Vocational Enterprises.

The fax number to submit your waiver request is located in the top portion of the form.

Please start using this form from date of receipt

When completing the Certificate of Release all requesting agency information must be included in the top section. If a return fax number is unavailable, include an email address for the waiver request to be sent back. The item information submitted is for the product(s) or article(s) your agency wishes to purchase from another vendor. All appropriate information needs to be furnished including item number, description, price and vendor name. This space is not for the information of MVE products. Sufficient information is needed in the explanation of why a waiver is requested. Pictures or drawings may be requested.

Approved waiver requests are valid for 90 days from receipt of request unless stated otherwise.

Thank you for your business,

MVE Sales Department



STATE OF MISSOURI
 MISSOURI VOCATIONAL ENTERPRISES
FAX: 573-522-2930
CERTIFICATE OF RELEASE

MISSOURI STATUTES 217.575

| | |
|------|----------------|
| DATE | RELEASE NUMBER |
|------|----------------|

Requesting Agency:

 Street Address:

 City, State, Zip:

Contact Person

 Phone Number

 Fax Number

| ITEM NUMBER | ARTICLES OR SERVICES | QUANTITY | UNIT PRICE | TOTAL PRICE |
|-------------|----------------------|----------|------------|-------------|
| | | | | |

Why is a waiver requested?

This section is for MVE use only. Unless otherwise stated, you have 90 days to purchase the approved items on this waiver. This is for a single purchase **ONLY**.

| | | |
|-------------------------|------|-------|
| Reviewed By (signature) | Date | Title |
|-------------------------|------|-------|