

(√)	ITEM NO. (If applicable)	NAME OF ARTICLE AND DESCRIPTION (Catalog identification, size, etc.)	QUANTITY (Set, pair, etc.)	ESTIMATED COST
				\$
TOTAL ESTIMATED COST OF REQUESTED SUPPLIES ▶				\$

REQUEST AND CERTIFICATION OF ESTABLISHMENT

TO THE DEPARTMENT OF VETERANS AFFAIRS: Please authorize for the veteran the supplies listed above. The veteran is receiving training, employment, or other rehabilitation services under the VA vocational rehabilitation program. These supplies are not merely desired by the veteran, but are required to be personally owned by all persons training in, employed by, or receiving rehabilitation services in this facility or establishment who have the same occupational or independent living goal as the veteran.

If authorized by the Department of Veterans Affairs, this facility or establishment can and will provide the veteran the supplies listed above which are indicated by the (√) before the item number or name of the article. These items will be delivered at the prices indicated under "Estimated Cost".

For supplies which this facility or establishment cannot furnish, we recommend the following vendors:

NAME OF VENDOR	ADDRESS OF VENDOR

DATE SIGNED	SIGNATURE AND TITLE OF OFFICIAL
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NAME OF FACILITY OR ESTABLISHMENT	ADDRESS OF FACILITY OR ESTABLISHMENT
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CERTIFICATION OF VETERAN

TO THE DEPARTMENT OF VETERANS AFFAIRS: I do not already have in my possession any of the supplies listed above which are usable and available for use in my rehabilitation.

DATE SIGNED	SIGNATURE OF VETERAN
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CERTIFICATION OF OF CASE MANAGER

The above list of supplies is in accord with the limitations and restrictions found in 38 U.S. Code 1504 and in applicable VA regulations.

DATE SIGNED	SIGNATURE OF CASE MANAGER
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