Locality Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description of Equipment Purchased** | **Per Item Cost** | **Quantity** | **Item Total** | **Department of Elections Use Only** | | |
| Voting Technology Coordinator Signature:  **Meets Minimum Requirements**  **and is VA Certified and Accessible** | Program Funds Manager Signature:  **Funding is available** | **Funding Source Used** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Total Purchase Cost: | |  |  |  |  |
| **Total amount of reimbursement requested:** |  | | |  | **Amount approved by Department of Elections:** |  |

**Certification of Purchase**

I certify that this equipment was purchased to meet the needs of §24.2-626, to provide voting systems for polling places in our city/county or will be used as electronic pollbooks in polling places. I also certify that this equipment will be used in polling places newly established as a result of redistricting or for Central Absentee Precincts. I further certify that the laptops/voting equipment purchased are new and meet the minimum performance requirements as specified by Department of Elections. I agree to maintain the records, receipts and other documents as directed by the Department of Elections for a period of 5 years and make them available to the Department of Elections or to State or Federal auditors when requested.

Was this equipment purchased to ensure that at least one voting system was available for individuals with disabilities? YES / NO

Authorized Locality Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Title Name Signature

Total number of precincts in locality? \_\_\_\_\_\_\_\_\_\_\_