

**DEPARTMENT OF STATE POLICE  
1122 PROGRAM – PROCUREMENT REQUEST**

**TO:** Virginia State Police  
 Attn: Bobby Thomas, 1122 Program Manager  
 P.O. Box 27472  
 Richmond, Virginia 23261-7472  
 Phone: (804) 674-2153 Fax: (804) 674-6716 E-mail: bobby.thomas@vsp.virginia.gov

**SHIP TO:** Agency Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Phone Number: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

**VENDOR NAME:** \_\_\_\_\_  
**VENDOR ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Item Description	Qty	Unit	Unit Price	Amount
<b>Total Amount of Purchase</b>				

Attach: (1) quote from vendor  
 (2) check payable to **Virginia State Police – 1122 Program** for the entire purchase amount

Mail the check, this form and the vendor quote to address at top of form.

**Requesting agencies may be required to substantiate in writing the connection to counter-drug activities for any items requested to be purchased through the 1122 Program.**

Purchase Authorized By:

\_\_\_\_\_  
 Signature and Title