



Department of Veterans Affairs

# REQUEST FOR AND RECEIPT OF SUPPLIES

(Chapter 31 - Vocational Rehabilitation)

**PRIVACY ACT INFORMATION:** No benefits may be paid unless a completed application form has been received (38 C.F.R. 21.212 and 21.224). The information requested on this form is necessary to determine your entitlement to the benefit for which you have applied. The responses you submit are considered confidential, (38 U.S.C. 5701), formerly 3301. They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education and Vocational Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

## SECTION A: TO BE SUBMITTED TO THE DEPARTMENT OF VETERANS AFFAIRS

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN Mr. David M. Oh	REHABILITATION GOAL Systems Analysis and	VA FILE NUMBER Last 4 digits: 0826 / 00
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ADDRESS TO WHICH SUPPLIES MAY BE DELIVERED TO VETERAN (Number and Street or Rural Route, City or P.O., State and Zip Code)  
21217 Valerio St., Canoga Park, CA 91303

## INSTRUCTIONS

### REHABILITATION PROVIDER

A. The Department of Veterans Affairs (VA) may furnish supplies to the veteran named above, who is entering into or is already taking part in a VA rehabilitation, independent living, or employment assistance program, if all of the following conditions are met:

1. The facility/employer requires all persons being trained for or employed in the same occupational or independent living goal to personally possess the same books, tools, and other supplies; and
2. The veteran does not already possess the required items; and
3. The VA case manager has determined the supplies may be provided in accordance with limitations and restrictions found in 38 U.S.C. and applicable federal regulations.

B. VA will not furnish tools or other supplies which commonly are on hand for use of all trainees or employees or which the veteran already owns.

### REHABILITATION PROVIDER (Continued)

C. If items are required under the conditions stated in A, and are not being requested merely because the veteran desires them, request these supplies by completing the section immediately following these instructions. You may continue to list required items on another VA Form 28-1905m. Additional pages may be used if necessary.

D. In Section B, please sign and complete the Request and Certification of Establishment section.

### VETERAN

A. In Section B, the veteran's signature acknowledges that he or she does not already possess the required items.

B. The veteran must complete Section C of this form and return it to the VA case manager to report receipt of items.

## SECTION B: REQUEST AND CERTIFICATION OF FACILITY OR ESTABLISHMENT

### TYPE OF PROGRAM

☐ On-Job Training ☒ Educational or Vocational Training ☐ Independent Living ☐ Employment ☐ Other (Specify)

(1)	ITEM NO. (If applicable)	NAME OF ARTICLE AND DESCRIPTION (Catalog identification, size, etc.)	QUANTITY (Set, pair, etc.)	ESTIMATED COST
<input type="checkbox"/>		Permit June 17'	1	\$115.50
<input type="checkbox"/>		Permit Aug 17'	1	\$198-
<input type="checkbox"/>		Permit Jan 18'	1	\$198-
<input type="checkbox"/>		Permit May 18'	1	\$132-
<input type="checkbox"/>		Permit Aug 18'	1	\$414-
<input type="checkbox"/>				
<input type="checkbox"/>				

SIGNATURE AND TITLE OF OFFICIAL

DATE

NAME AND ADDRESS OF FACILITY OR ESTABLISHMENT (Number and street or rural route, city or P.O., state and Zip Code)

SIGNATURE OF VETERAN (Please sign in ink.)

DATE

SIGNATURE OF CASE MANAGER (Please sign in ink.)

DATE

# SECTION C: RECEIPT OF SUPPLIES

## CERTIFICATION OF VETERAN

TO THE DEPARTMENT OF VETERANS AFFAIRS (Veteran should check all that apply):

- ☐ A. Any items that were requested in Section A but not received are listed below
- ☐ B. Any items received in damaged or unacceptable condition are listed below.
- ☐ C. I certify that all the supplies I received are in good condition.

WAS ITEM RECEIVED?	NAME OF ARTICLE AND DESCRIPTION (Catalog identification, size, etc.)	QUANTITY (Set, pair, etc.)	DATE OF RECEIPT	COMMENTS ON ITEM DAMAGED OR UNACCEPTABLE
Y	Receipt	1	Jun 17'	
Y	Receipt	1	Aug 17'	
Y	Receipt	1	Jun 18'	
Y	Receipt	1	May 18'	
Y	Receipt	1	Aug 18'	

**NOTE:** Complete the certification of receipt of supplies by dating and signing the form below and returning it to your VA case manager.

SIGNATURE OF VETERAN (Please sign in ink)

DATE



02/26/2019



# Department of Veterans Affairs

## PROOF OF DELIVERY

**Instructions to Veteran:** Please complete this form immediately upon receipt of the goods and/or services purchased by VA on your behalf. Be sure to attach this form to the original packing slip, and return all forms to: Department of Veterans Affairs, VR&E Division (28), 11000 Wilshire Blvd., Los Angeles, CA 90024.

IDENTIFICATION NOS., (C, XC, SS, XSS, V, K, etc.)

C#: Last 4 digits: 0826 / 00  
SSN#: Last 4 digits: 0826

VA OFFICE

**344 / 28**

DATE OF THIS NOTICE

02/20/2019

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)

Mr. David M. Oh

SHIPPING ADDRESS OF VETERAN

21217 Valerio St  
Canoga Park, CA 91303

TELEPHONE NO. OF VETERAN (Include Area Code)

Home: (714) 603-8749

Work 714 603-8749 (c)

## I - IDENTIFICATION OF GOODS/SERVICES

**Instructions:** All of the Goods and/or Services purchased from the vendors listed below are identified on the enclosed list(s). Please match the list(s) against the packing slip(s) you'll be receiving from the vendor(s), and make sure that you receive all of the items purchased on your behalf. Call (310) 235-7722 immediately if there are any discrepancies. If the enclosed list(s) match(es) the packing slip(s), then be sure to print your VA file number, sign, date, each of the packing slip(s) and return them to VA attached to this form.

NAME OF VENDOR	PURCHASE DATE	PURCHASE AMOUNT
California State University, Northridge	02/05/2019	\$2,017.00

NAME OF VENDOR	PURCHASE DATE	PURCHASE AMOUNT

NAME OF VENDOR	PURCHASE DATE	PURCHASE AMOUNT

## II - IDENTIFICATION OF INDIVIDUAL ACCEPTING DELIVERY OF GOODS/SERVICES

The individual accepting delivery of the above mentioned goods/services must provide photo copies of the following identification documents:

- ☒ Valid California Driver License.
- ☒ A personal identification document with recipient's photograph.

## III - COMMENTS OR REMARKS

Comments or Remarks Pertaining to This Transaction:

Items include: XPS 15 15.6" i7 8 GB SSD GTX 1050 Silver Anodized Aluminum laptop; Sareware (warranty); Microsoft Word; All-In-One Printer; and Anti-Virus Software.

**PLEASE INITIAL, SIGN, DATE, AND RETURN TO AS SOON AS POSSIBLE**

## IV - RECEIPT ACKNOWLEDGEMENT OF GOODS/SERVICES AND VETERAN'S SIGNATURE

I hereby certify that all items identified in Part I above were received by:

Mr. David M. Oh

Please Sign Above Your Name

Date of Receipt



# Department of Veterans Affairs

## EQUIPMENT AGREEMENT (UNDER CHAPTER 31, TITLE 38, U. S. C.)

1. NAME OF VETERAN (First, middle initial, last)  
Mr. David M. Oh

2. FILE NUMBER  
Last 4 digits: 0826 / 00

3. DATE  
02/20/2019

### EQUIPMENT AGREEMENT TERMS AND CONDITIONS

4. THE FOLLOWING TERMS AND CONDITIONS STATE OUR POLICY PERTAINING TO EQUIPMENT, WARRANTIES, EXTENDED WARRANTIES, MAINTENANCE, REPAIRS AND OTHER RECURRING EXPENSES ASSOCIATED WITH PURCHASES AUTHORIZED UNDER A VOCATIONAL REHABILITATION PLAN. PLEASE READ AND INITIAL EACH PARAGRAPH, SIGN, DATE AND RETURN ALL COMPLETED FORMS TO: DEPARTMENT OF VETERANS AFFAIRS, VOCATIONAL REHABILITATION DIVISION (28), 11000 WILSHIRE BLVD., LOS ANGELES, CA 90024

PLEASE INITIAL HERE

Dmo

I, understand that during the period of my Vocational Rehabilitation Program all supplies, and equipment provided to me by the Department of Veterans Affairs, Chapter 31, Vocational Rehabilitation Program are the property of the United States Government. If I fail to cooperate and comply with both the training facility and VA Vocational Rehabilitation policies and guidelines, or, if I fail to satisfactorily complete my approved program, The Department of Veterans Affairs may recoup any and all funds expended for supplies and equipment.

PLEASE INITIAL HERE

Dmo

I, understand that upon successful completion of my approved vocational rehabilitation program, ownership of all supplies and equipment reverts to me.

PLEASE INITIAL HERE

Dmo

I, understand that after my rehabilitation services are completed, The VA will not guarantee, repair, upgrade, or update any/all equipment issued to me as part of my rehabilitation plan.

PLEASE INITIAL HERE

Dmo

I, understand that any/all repairs not covered by the manufacturer's warranty will be my responsibility and will not be paid by the VA.

PLEASE INITIAL HERE

Dmo

I, also certify that I will take all reasonable precautions to protect any and all supplies and equipment provided to me during the period of my rehabilitation program from abuse, theft, and misuse. In the event of equipment failure during the warranty period I will contact the equipment source provider for repairs. I will also notify my vocational counselor in a timely manner of any problems related to said equipment and supplies.

PLEASE INITIAL HERE

Dmo

I, understand that an Extended Warranty may be available and I may contact the equipment provider for further information.

PLEASE INITIAL HERE

Dmo

I, acknowledge that I have read, understood, and will comply with the above provisions. I further acknowledge that I have received the equipment and will transport it to my home [if not delivered by a commercial carrier]. **My signature and photo-copies of two photo id cards further affirm my understanding of this agreement as well as providing proof of delivery.**

Mr. David M. Oh

02/26/2019

PLEASE SIGN ABOVE YOUR NAME

CURRENT DATE