



## TRACKING ACCOMMODATION PURCHASES

The purpose of this form is to track all associated costs of purchasing accommodations authorized by a facility/organization.

Completion of this form is **MANDATORY**. A copy of this completed form, should be retained in the employee's Reasonable Accommodation file.

1. DATE FORM COMPLETED	2. DATE OF PURCHASE	3. DATE SHIPPED	4. DATE RECEIVED BY EMPLOYEE
5. NAME OF VA ORGANIZATION <i>(i.e. VBA, VHA, NCA, OIT, ORMDI, etc.)</i>	6. NAME OF OFFICE WITHIN VA ORGANIZATION <i>(i.e. District 3, etc.)</i>		7. CASE LOG NUMBER ASSIGNED Year      Case #  20
8a. EMPLOYEE'S NAME		8b. EMPLOYEE'S PHONE NUMBER	8c. EMPLOYEE'S EMAIL ADDRESS
9a. DECISION MAKING OFFICIAL'S (DMO) NAME		9b. DMO PHONE NUMBER	9c. DMO EMAIL ADDRESS
10a. REASONABLE ACCOMMODATION COORDINATOR'S (RAC) NAME		10b. RAC PHONE NUMBER	10c. RAC EMAIL ADDRESS

11. PURPOSE OF ACCOMMODATION REQUEST *(Please check)*

TO ATTEND CAREER DEVELOPMENT TRAINING *(Identify the training and how it improves the employee's career opportunities.)*

---

TO ENABLE THE EMPLOYEE TO PERFORM THE DUTIES OF THE JOB

TO ALLOW THE EMPLOYEE TO ENJOY THE BENEFITS AND PRIVILEGES OF EMPLOYMENT *(e.g., attending the Secretary's award ceremony or a retirement luncheon)*

**NOTE: Priority consideration should be given to requests for accommodation from employees with targeted disabilities who are attending career development training.**

12. TYPE OF ACCOMMODATION AUTHORIZED

PERSONAL ASSISTANT *(Describe) (i.e. Interpreter, Reader, Driver, etc.)* \_\_\_\_\_

FURNITURE *(Describe) (i.e. Ergonomic Chair, Adjustable desk, Monitor arms, etc.)* \_\_\_\_\_

COMPUTER SOFTWARE *(i.e. Dragon Speak, MAGic Professional, ZoomText, etc.)* \_\_\_\_\_

COMPUTER HARDWARE *(i.e. Keyboard, Mouse, Monitor, Headset, etc.)* \_\_\_\_\_

TRAINING (LOCAL TRAVEL) *(i.e. All-hands meeting, Leadership course, etc.)* \_\_\_\_\_

TRAINING (FUNDED TRAVEL) *(i.e. All-hands meeting, Leadership course, etc.)* \_\_\_\_\_

OTHER *(Describe)* \_\_\_\_\_

### BUDGET INFORMATION

STATION	BFY	FUND CODE	ACC CODE	COST CENTER	BOC	FCP	AMOUNT

INVOICE NUMBER: \_\_\_\_\_

COPY OF INVOICE ATTACHED

13. PURCHASE(S) OBTAINED FROM *(company name, POC if known, and address):*

  
  
  

14. REASONABLE ACCOMMODATION COORDINATOR (RAC) NOTES: *(i.e. Equipment purchased for employee's official duty station at* \_\_\_\_\_

  
  
  

**Facilities/Organizations MAY track additional procurement information not contained on this form for INTERNAL USE only within their own facility and/or organization.**

**\*\*\* When sending this form via electronic means, please ensure the file is encrypted to protect the requestors PII & PHI information.**