

**KANSAS CORRECTIONAL INDUSTRIES**  
**STATE EMPLOYEE APPLICATION TO PURCHASE**  
**GOODS AND/OR SERVICES**

<b>PERSONAL INFORMATION</b>	
Employee Name: _____	
City: _____	
State: _____	Zip Code: _____
<b>KCI USE ONLY:</b> Customer Number: _____	

<b>STATE AGENCY INFORMATION</b>	
Agency: _____	
Department: _____	
Address: _____	
City: _____	
State: _____	Zip Code: _____
Phone: (____) _____	Fax: (____) _____
Employee Email: _____	
Human Resources Email: _____	
<b>KCI USE ONLY:</b> Approved By: _____	

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



P.O. Box 2  
Lansing, KS 66048  
Phone: (913) 727-3249  
Fax: (913) 727-2331

# KANSAS CORRECTIONAL INDUSTRIES

## DISCLAIMER

I HEREBY CERTIFY THAT I AM A CURRENT EMPLOYEE OF THE STATE OF KANSAS.

I UNDERSTAND THAT:

- Kansas Correctional Industries and/or the State of Kansas cannot be held liable for any loss and/or damage to goods left on State property.
- All goods and services are completed within State of Kansas correctional facilities by supervised offenders, not trained professionals; however, Kansas Correctional Industries strives to provide quality goods and services, in a timely manner, to the best of our ability, in an effort to meet customer expectations.
- All items must be picked up within thirty (30) days of notification of completion. Any items not picked up by the end of this thirty (30) day period will accrue a storage fee of \$1.00 per square foot for an additional thirty (30) days. Any items not claimed within sixty (60) days of notification of completion will be returned to stock for resale.
- Payment for goods and services will be made using a Debit/Credit Card; Cashier's Check or Money Order. NO CASH OR PERSONAL CHECKS will be accepted.

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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