



# HIDALGO COUNTY, TEXAS

## Auto Allowance Authorization Form

Department Name/Number: PCT 2 RD ADM /122 Date: 5/3/2011

Position Title: CHIEF ADMINISTRATOR Position Slot No. : 122-005-0001

Position Status:  Vacant  Current

*If position status is vacant go to Justification for Auto Allowance Section*

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Employee Driver License No.: \_\_\_\_\_

Auto Allowance Amount Request \$5,000.00

Auto Allowance to be funded from one of the following:

- Current Department Budget     Annual Budget Cycle     Will Required Additional Funds     Other

### VEHICLE INFORMATION

Year, Make, & Model: \_\_\_\_\_ Ins. Policy Number: \_\_\_\_\_

VIN Registration No. : \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

License Plate No. : \_\_\_\_\_ Ins. Coverage Date: \_\_\_\_\_

\*Vehicle Insurance Provider: \_\_\_\_\_ Ins. Verified By: \_\_\_\_\_

\*Employee should provide copy of current vehicle liability insurance policy and driver license to their respective department and to the Safety Division.

### JUSTIFICATION FOR AUTO ALLOWANCE

In the space provided below, please justify why the auto allowance is needed, in lieu of receiving the IRS current mileage reimbursement rate for In-County business use of personal vehicle.

THE EMPLOYEE HIRED IN THIS POSITION WILL BE TRAVELING IN EXCESS ON 190 MILES PER WEEK WITHIN THE PRECINCT TO REVIEW PROJECTS AND TO REVIEW PRECINCT OFFICES. THE EMPLOYEE WILL TRAVEL OUTSIDE THE PRECINCT TO THE COURT ADMINISTRATION BUILDING TO COMMISSIONERS COURT MEETINGS AND TO VARIOUS CITIES AND OTHER AGENCIES ON A REGULAR BASIS.

**Employee Signature**

**Date**

*By signing this Auto Allowance Authorization Form, I understand that I will not be eligible to receive mileage reimbursement for using my personal vehicle for In-County business travel. I further understand that the Auto Allowance provided to me is subject to all applicable federal and state income taxes and will be included in my bi-weekly or semi-monthly paycheck (as applicable). The Auto Allowance amount is subject to change, upon Commissioners Court approval.*



5/3/2011

Department Head/Elected Official

Date

Funding Available in Dept. Budget  YES  NO

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES

Know all men that I, the undersigned, do hereby certify that the following is a true and correct copy of the original as the same appears in the records of the County of Los Angeles, California.

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Notary Public

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