



HIDALGO COUNTY, TEXAS

Auto Allowance Authorization Form

Department Name/Number: #140 Date: 12/27/11

Position Title: Deputy Clerk I Position Slot No. : 85

Position Status: Vacant Current
If position status is vacant go to Justification for Auto Allowance Section

Employee Name: _____ Employee Number: #128058

Employee Driver License No.: TX DL#07050479

Auto Allowance Amount Request: \$750.00

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: 2003 Honda Odyssey Van Ins. Policy Number: 44588569

VIN Registration No. : 5FNRL18903B078954 Policy Holder's Name: _____

License Plate No. : FMYD23 Ins. Coverage Date: 10/18/2011

*Vehicle Insurance Provider: State Farm Ins. Verified By: Mkhavava 3/12/2012

*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.

Auto Allowance needed to travel to the Bank for change as needed.

H. L. ...
 Employee Signature

12/27/11
 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.

Rob ...
 Department Head/Elected Official

12/27/11
 Date

Funding Available In Dept. Budget YES NO