



HIDALGO COUNTY, TEXAS

Auto Allowance Authorization Form

Department Name/Number: District Attorney's Office Date: 1/3/2013

Position Title: Assistant District Attorney II Position Slot No. : 0105

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 \$900.00

Auto Allowance to be funded from one of the following:

Current Department Budget Annual Budget Cycle Will Require 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.

Will travel to interview witness(es)/victim(s) and also will be going to the different law enforcement agencies in the county to interview police officers or review evidence.

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.

1/2/2013

Department Head/Elected Official

Date

Funding Available in Dept. Budget YES NO