



# HIDALGO COUNTY, TEXAS

## Auto Allowance Authorization Form

Department Name/Number: Precinct 2 Rd Maint/ 122-006 Date: 01/06/2015

Position Title: Director, Fields Operation Position Slot No. : 0090

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

Employee Name: Armando Pompa Employee Number: \_\_\_\_\_

Employee Driver License No.: 17822602

Auto Allowance Amount Request: \$5,000.00

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: 2015 Chevy Silverado Ins. Policy Number: 902788360

VIN Registration No. : 3GCPCREC0FG150594 Policy Holder's Name: Armando Pompa

License Plate No. : \_\_\_\_\_ Ins. Coverage Date: Oct 12, 2014 thru April 12, 2015

\*Vehicle Insurance Provider: Progressive Ins. Verified By: Erika Zamora

\*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.

Employee will be traveling throughtout the precinct overseeing precinct projects and other field activities.

Employee Signature

1-5-15

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.*

Department Head/Elected Official

1-5-15

Date

Funding Available in Dept. Budget  YES  NO