

**REQUEST FOR REIMBURSEMENT
FOR BUSINESS-USE AUTOMOBILE LIABILITY
INSURANCE**

EMPLOYEE NAME: _____

JOB TITLE: _____ DEPARTMENT: _____

INSURANCE CARRIER: _____

AGENT'S NAME: _____ PHONE: _____

POLICY NUMBER: _____

POLICY PERIOD: _____

A) COST FOR NORMAL COVERAGE: \$ _____

B) COST FOR BUSINESS-USE OF VEHICLE: \$ _____

DIFFERENCE BETWEEN A) AND B): \$ _____
(AMOUNT DUE EMPLOYEE)

I certify that the above amount is the difference between my business use liability insurance premium and the premium I would pay if my work related driving was limited to driving to and from work. I have attached a copy of the declaration page (deck page) from my auto insurance policy, which identifies the premium I have paid and the time period of coverage purchased by this payment.

NOTE: THIS FORM IS USED FOR THE DISBURSEMENT OF PUBLIC FUNDS. DO NOT SIGN IT IF ANY OF THE INFORMATIONAL LINES ARE LEFT BLANK.

Employee's Signature

Date

Insurance Agent

Date

Department Head / Supervisor's Signature

Date