**INSURANCE REIMBURSEMENT**

**(For staff required to use their own vehicles for work)**

NAME OF EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL TO BE REIMBURSED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MAX. $250)

**Regarding Sources Policy 10.22.1 – Use of Personal Vehicle for Business**

Sources will reimburse the difference in cost between “to and from work” and “business use” insurance. Please have your Autoplan agent complete the information below, or they can provide their own form that contains the same information. Submit this form and proof of insurance to your manager as a request for reimbursement.

|  |  |  |  |
| --- | --- | --- | --- |
| \*\* choose from below which is applicable to your situation | **TO & FROM WORK** | **BUSINESS USE** | **DIFFERENCE IN COST****(Amount to be reimbursed)** |
| **TO & FROM WORK *LESS* THAN 15 KM** | $ | $ | $ |
| **TO & FROM WORK *MORE* THAN 15 KM** | $ | $ | $ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Broker Stamp or Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Manager Authorization Date