



AUDITOR-CONTROLLER VEHICLE ALLOWANCE REQUEST FORM

Employee Name: _____

Employee ID# _____

Department: _____

I hereby choose the following option regarding vehicle allowance/reimbursement for the use of a county Vehicle, effective _____.

- A. Continued use of a County Vehicle (CAR) – \$3.00 per day X 10.
- B. Vehicle allowance (DHA) of \$550.00 per Month and mileage of 55 cents per (non-taxable) effective 1/01/2009.

Please choose one of the above options and return this to the Auditor-Controller Payroll Division of the Auditor-Controller's Office. This option is to remain in effect until you change options and notify the Auditor-Controller Payroll Division.

Date: _____ Signed: _____

Requests are due to ACO Payroll by 12:00 pm on non-pay day Tuesday for the current pay period. Request received after that time will be processed for the following pay period.

ACO_PAYROLL USE ONLY

Signature (Central Payroll Processor) Date Pay Period Processed

Verified by