

AUTOMOTIVE TOOL REIMBURSEMENT REQUEST FORM

Section A – Employee Information		
Employee Name (Last, First)	CWID	Position/Classification Title
Department	Supervisor	Date of Request
Description of Tools		Expected Purchase Date
Describe how these Tools will be used in the workplace		
Supervisor's Justification (attach additional sheets if necessary)		
Section B – Review and Approval		
Employee Certification By signing this form, the employee acknowledges that the information provided is correct to the best of their knowledge.	Signature 	Date
Supervisor Recommendation By signing this form, and if approving, the Supervisor acknowledges that the requirements of Policy have been met.	Signature 	Date
APPROVE DISAPPROVE N/A		
Director Approval By signing this form, and if approving, the Director acknowledges that the requirements have been met.	Signature 	Date
APPROVE DISAPPROVE N/A		
Senior Executive Director By signing this form, and if approving, the Senior Executive Director acknowledges that the requirements have been met.	Signature 	Date
APPROVE DISAPPROVE N/A		