



— MECHANICAL CONTRACTORS —

## Vehicle Allowance Request Form

Please complete and return this form to Kasey Case: [kasey.case@apollomech.com](mailto:kasey.case@apollomech.com)

Vehicle allowances are run once per month (by the 5<sup>th</sup> of the month).

Today's date: \_\_\_\_\_

Date Allowance needed: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Job Number: \_\_\_\_\_

Phase: \_\_\_\_\_

GL Code: \_\_\_\_\_ (For non-job related allowances. Use GL code 570 + Dept)

Amount: \_\_\_\_\_

**The approving Manager must ensure the following has been completed and forwarded to your Regional Safety Manager.**

1. Did you verify that an MVR has been run? Yes  or No
2. Was 18-C form completed? Yes  or No
3. Was the abstract release form completed? Yes  or No
4. Did the employee provide proof of personal auto insurance? Yes  or No

If you have any questions, please reach out to your local safety representative for help.

Manager's Signature: \_\_\_\_\_