

**EMPLOYEE STATEMENT OF RECEIPT  
OF  
VEHICLE AND EQUIPMENT POLICY**

I \_\_\_\_\_, hereby acknowledge that I have received and understand a copy of the March 1, 2012, policy memorandum issued by the Chief Administrative Office entitled "Vehicle and Equipment Policy".

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Appointing Authority or Designee: \_\_\_\_\_

Date: \_\_\_\_\_

Attachment: Policy Memorandum No. 5 (R)

**VEHICLE OR EQUIPMENT DAMAGE**  
**SUPERVISOR'S REPORT FORM**

DATE REPORT COMPLETED: \_\_\_\_\_

**IMPORTANT: THE CITY'S THIRD PARTY ADMINISTRATOR MUST BE NOTIFIED WITHIN 24 HOURS OF INCIDENT.**

POLICE ITEM NO: \_\_\_\_\_ CITY VEHICLE NO: \_\_\_\_\_ VEHICLE TOWED: YES/NO

WHERE PARKED: \_\_\_\_\_ STILL IN USE: YES/NO (circle one)

PARKED AT EMD AFTER ACCIDENT: YES/NO (circle one)

**CITY VEHICLE DATA**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ LICENSE NO \_\_\_\_\_ MILEAGE \_\_\_\_\_ COLOR \_\_\_\_\_

IF VEHICLE IS PRIVATELY OWNED, NAME AND ADDRESS OF THE OWNER: \_\_\_\_\_

DRIVER'S NAME \_\_\_\_\_ JOB CLASSIFICATION: \_\_\_\_\_  
(Last) (First) MI

FULLY DESCRIBE DAMAGE TO CITY VEHICLE: \_\_\_\_\_

NUMBER OCCUPANTS & NAMES IN CITY VEHICLE: \_\_\_\_\_

NAME AND PHONE NO. OF ANY WITNESSES:

\_\_\_\_\_  
NAME PHONE NO.

\_\_\_\_\_  
NAME PHONE NO.

**INJURED PERSON(S):**                      **CITY VEHICLE ONLY**

	NAME	ADDRESS	TELEPHONE	INJURY
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

**"OTHER" VEHICLE DATA**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ LICENSE NO \_\_\_\_\_ MILEAGE \_\_\_\_\_ COLOR \_\_\_\_\_

WAS VEHICLE TOWED FROM THE SCENE: YES / NO

NAME (DRIVER) \_\_\_\_\_  
(Last) (First) (MI)

ADDRESS \_\_\_\_\_  
(Street) (City) (Zip)

NAME (OWNER) \_\_\_\_\_  
(Last) (First) (MI)

ADDRESS \_\_\_\_\_  
(Street) (City) (Zip)

FULLY DESCRIBE DAMAGE TO "OTHER" VEHICLE: \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE CARRIER:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

NUMBER OCCUPANTS & NAMES IN "OTHER" VEHICLE: \_\_\_\_\_

**INJURED PERSON(s):**

**"OTHER" VEHICLE ONLY**

	NAME	ADDRESS	TELEPHONE	INJURY
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

**OTHER PROPERTY DAMAGED (EQUIPMENT, HOUSE, FENCE, OWNER INFORMATION, ETC):**  
\_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT INFORMATION:**

LOCATION: \_\_\_\_\_  
STREET ADDRESS CITY STATE/ZIP CODE

POLICE REPORT MADE? YES / NO NAME OF POLICE AGENCY: \_\_\_\_\_

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Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Appointing Authority or Designee: \_\_\_\_\_

Date: \_\_\_\_\_

Attachment: Policy Memorandum No. 5 (R)

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WHERE PARKED: \_\_\_\_\_ STILL IN USE: YES/NO (circle one)

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DRIVER'S NAME \_\_\_\_\_ JOB CLASSIFICATION: \_\_\_\_\_  
(Last) (First) MI

FULLY DESCRIBE DAMAGE TO CITY VEHICLE: \_\_\_\_\_

NUMBER OCCUPANTS & NAMES IN CITY VEHICLE: \_\_\_\_\_

NAME AND PHONE NO. OF ANY WITNESSES:

_____	_____
NAME	PHONE NO.
_____	_____
NAME	PHONE NO.

**INJURED PERSON(s):**                      **CITY VEHICLE ONLY**

	NAME	ADDRESS	TELEPHONE	INJURY
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

**"OTHER" VEHICLE DATA**

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ LICENSE NO \_\_\_\_\_ MILEAGE \_\_\_\_\_ COLOR \_\_\_\_\_

WAS VEHICLE TOWED FROM THE SCENE: YES / NO

NAME (DRIVER) \_\_\_\_\_  
(Last) (First) (MI)

ADDRESS \_\_\_\_\_  
(Street) (City) (Zip)

NAME (OWNER) \_\_\_\_\_  
(Last) (First) (MI)

ADDRESS \_\_\_\_\_  
(Street) (City) (Zip)

FULLY DESCRIBE DAMAGE TO "OTHER" VEHICLE: \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE CARRIER:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

NUMBER OCCUPANTS & NAMES IN "OTHER" VEHICLE: \_\_\_\_\_

**INJURED PERSON(s):**

**"OTHER" VEHICLE ONLY**

	NAME	ADDRESS	TELEPHONE	INJURY
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

**OTHER PROPERTY DAMAGED (EQUIPMENT, HOUSE, FENCE, OWNER INFORMATION, ETC):**  
\_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT INFORMATION:**

LOCATION: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

POLICE REPORT MADE? YES / NO NAME OF POLICE AGENCY: \_\_\_\_\_



**CITY OF NEW ORLEANS  
TAKE-HOME VEHICLE ADD/DELETE/CHANGE FORM**

This form is to be completed by each employee authorized to use and take home a City Vehicle, as well as for deleting authorizations **and for making any changes**. The form must be signed by both the employee and the appointing authority, forwarded to the Chief Administrative Office for approval, and the returned copy placed in the employee's personnel folder.

ADD/CHANGE AUTHORIZATION

DELETE AUTHORIZATION

EMPLOYEE NAME: \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ ORG CODE: \_\_\_\_\_

VEHICLE ID # \_\_\_\_\_ DESCRIPTION \_\_\_\_\_

**TO ADD AUTHORIZATION: EMPLOYEE MUST INITIAL NEXT TO ALL QUESTIONS BELOW (FAILURE TO COMPLETE MAY TERMINATE VEHICLE PRIVILEGES):**

\_\_\_\_\_ I acknowledge receipt to CAO Circular Memorandum No. **10-09**

\_\_\_\_\_ I acknowledge that I have been authorized to use a City-owned vehicle and that I am authorized to take such vehicle home.

\_\_\_\_\_ I hereby authorize payroll deductions as specified by Circular Memorandum **10-09** and any subsequent revisions.

\_\_\_\_\_ I hereby declare that the on-way driving distance from my actual domicile to my primary reporting for work site is \_\_\_\_\_ miles.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPOINTING AUTHORITY  
APPROVAL / SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DATE THIS ADDITION, DELETION OR CHANGES WILL TAKE EFFECT:** \_\_\_\_\_

**TO BE COMPLETED BY THE CHIEF ADMINISTRATIVE OFFICE**

REVIEWED BY: \_\_\_\_\_ CAO OFFICE \_\_\_\_\_ DATE: \_\_\_\_\_  
(Initials)

Deduction Type: VUCHR  
Deduction Plan: EXCL

07/14/10



**CITY OF NEW ORLEANS  
FUEL DISPENSING EXCEPTION REPORT**

TO BE COMPLETED BY EMPLOYEE DISPENSING FUEL:

OPERATOR NAME (PRINT)

DEPARTMENT: \_\_\_\_\_ VEHICLE: \_\_\_\_\_

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

JUSTIFICATION AND EXPLANATION OF FUEL DISPENSING EXCEPTION REQUEST:

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TO BE COMPLETED BY DEPARTMENTAL VEHICLE COORDINATOR:

DATE RECEIVED: \_\_\_\_\_ APPROVED: \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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VEHICLE COORDINATOR SIGNATURE \_\_\_\_\_

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TO BE COMPLETED BY APPOINTED AUTHORITY:

DATE RECEIVED: \_\_\_\_\_ APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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APPOINTED AUTHORIZED SIGNATURE: \_\_\_\_\_

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DATE: \_\_\_\_\_ FUEL SERVICES ADMINISTRATOR: \_\_\_\_\_

**CITY OF NEW ORLEANS  
AUTO ALLOWANCE ADD/DELETE FORM**

This form is to be completed by each employee authorized to use and take home a City Vehicle, as well as for deleting authorizations. The form must be signed by both the employee and the appointing authority, forwarded to the Chief Administrative Office for approval, with a copy placed in the employee's personnel folder. Send completed, signed original to City Hall, Room 9E06 Attn: Auto Allowance

ADD AUTHORIZATION

DELETE AUTHORIZATION

EMPLOYEE NAME: \_\_\_\_\_ SS# \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ ORG CODE: \_\_\_\_\_

VEHICLE ID # \_\_\_\_\_ ODOMETER READING \_\_\_\_\_

AVERAGE MONTHLY MILEAGE (ESTIMATED): \_\_\_\_\_

**TO ADD ALLOWANCE ONLY**

Employee must initial next to all question below (failure to complete may terminate allowance privileges)

\_\_\_\_\_ I acknowledge receipt to CAO Circular Memorandum No. 21 (R).

\_\_\_\_\_ I acknowledge that I have been authorized to use a personal vehicle for approved City business.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPOINTING AUTHORITY  
APPROVAL / SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY THE CHIEF ADMINISTRATIVE OFFICE**

REVIEWED BY: \_\_\_\_\_ CAO OFFICE \_\_\_\_\_ DATE: \_\_\_\_\_  
(Initials)

Allowance Set At: \_\_\_\_\_ miles per month

**TRAVEL AUTHORIZATION**

- 1) Name of Employee: \_\_\_\_\_
- 2) Name of Agency: \_\_\_\_\_
- 3) Purpose of Travel: \_\_\_\_\_
- 4) Destination: \_\_\_\_\_
- 5) Number of Day in Travel Status: \_\_\_\_\_
- 6) Source of Funds: \_\_\_\_\_
- 7) Itinerary while in Travel Status: \_\_\_\_\_

Date	Location	Telephone Number

8) I do hereby designate: \_\_\_\_\_, whose address is \_\_\_\_\_ and whose relationship to me is that of \_\_\_\_\_, as my beneficiary.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Director

Circle One

Approved: \_\_\_\_\_  
Disapproved: \_\_\_\_\_

**Andrew D. Kopplin**  
Chief Administrative Office

DUPLICATE WITHIN 40 DAYS AFTER RECEIVING TRAVEL ADVANCE, OTHERWISE THE ADVANCE SHALL BE SUBJECT TO PAYROLL DEDUCTION

### Travel Expense

\_\_\_\_\_  
Name of Employee Date

\_\_\_\_\_  
Department Title

Travel To: \_\_\_\_\_ Period: \_\_\_\_\_ To \_\_\_\_\_  
City State Date Date

Purpose: \_\_\_\_\_

(1) EXPENSE (Note if expense are supported by receipt attached)	AMOUNT
Transportation :	\$
Lodging	\$
Meals:	\$
Tips:	\$
Taxi Cabs:	\$
Other Expenses:	\$
<b>(2) TOTAL EXPENSES:</b>	<b>\$</b>

**APPROVED:**

I certify that this travel expense account is Correct that the travel was performed on the Dates specified for official business only, and that the expenses were for official business

\_\_\_\_\_  
Authorized Certifying Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Employee's Signature

(3) AMOUNT ADVANCE ON VOUCHER NO. \_\_\_\_\_ DATED \_\_\_\_\_ \$ \_\_\_\_\_

(4) LESS: Total expenses reported in Line 2 above \_\_\_\_\_

(5) DIFFERENCE \$ \_\_\_\_\_

Excess of line 3 over 4 deposited as per copy of Receiving Warrant No. \_\_\_\_\_ attached.

SHOULD LINE 4 EXCEED LINE 3 ABOVE, COMPLETE PARAGRAPH BELOW:

Reimbursement requested for additional funds in connection with expenses in excess of Advance in the Amount \$ \_\_\_\_\_ requested on Public voucher Number \_\_\_\_\_ Dated \_\_\_\_\_, 20\_\_\_\_.



