CITY OF EUREKA

TOOL ALLOWANCE REQUEST

EMPLOYEE COMPLETE THIS SECTION

DATE_____

CALENDAR YEAR_____

This request is for: REPAIR REPLACEMENT NEW PURCHASE

Description of items _____

_____

Actual Cost:_____ Allowance used to date:_____

Balance:_____

If this is for repair, attach a copy of the repair bill. If this is for replacement, forward the article for replacement if available. If this if for a new purchase, attach a copy of the invoice.

CERTIFICATION: I certify that the forgoing claim is just and that the costs incurred are in the line of duty and purchased items are used in the performance of assigned duties.

_____ _____

DATE EMPLOYEE SIGNATURE

_____ _____

EMP # EMPLOYEE NAME, PLEASE PRINT

DIRECTOR OF PUBLIC WORKS

Request denied. Reasons: _____

_____

_____

Claim authorized for payment in the amount of: $_____

representing _____% of the requested sum.

_____ _____

DATE DIRECTOR OF PUBLIC WORKS

excel: tool allow 2-03 jn