

County Vehicles Body Repairs – PO notification

Please return this form (once completed & signed) to the Purchasing Dept.

Department requesting PO: _____

1. VIN# _____ Make _____ Model _____ Year _____

2. Was this vehicle in an accident ? YES – NO (If no please skip to bottom of page sign & return).

3. If yes when, date: _____ time: _____

4. Name of the County Employee driving vehicle when accident occurred: _____

5. If yes was a Police report filed: _____ If yes was a copy sent to HR Dept? _____

Did you receive and review a copy of the Police Report?

6. If not why?

7. Nature / cause of accident (details):

8. Has your Dept. verified that a Drug & Alcohol Test was done as per County Policy in the required time allowed for such? _____ Was this information sent to the HR Dept.? _____

9. Was the First Report of Injury filed with H/R Dept. by the required time allowed for such?

10. Did you confirm that there was no misuse of the vehicle as per H/R Vehicle Policy Section N # 3 (pg 6).
“An employee who misuses a County vehicle shall be liable to the County for the actual cost resulting from its misuse.”? Was their misuse: Yes or No ?

11. After review of the items listed above do you approve the issuing of a County Purchase Order for repairs of this vehicle and payment in full for such by County?

Signature of Department Head : _____ -- Date: _____

Once this form is filed out, signed, and returned to the Purchasing Dept., Purchasing must forward (e-mail) a copy to HR Director, Asst. HR Director, HR Administrative Assistant, , HR Civil Service Coordinator, Department Head, Fleet Maintenance Director, and Purchasing Agent with a copy of the e-mail attached to the requisition, PO, and this form.