

ADMINISTRATIVE CODE
BOARD OF COUNTY COMMISSIONERS

CATEGORY:

Administration

CODE NUMBER:

AC-1-19

TITLE:

Policy for Tool Reimbursement

ADOPTED:

3/1/95

AMENDED:

ORIGINATING DEPARTMENT:

County Administration

PURPOSE/SCOPE:

Provide a standard policy on the purchase, use and maintenance of tools for full-time regular mechanics in Transit, Fleet Maintenance and Public Safety.

POLICY/PROCEDURE:

The Department Director will determine who is required to use tools.

The Department Director or his/her designee is responsible for monitoring compliance to requirement.

Any full-time regular mechanic required to use tools may receive reimbursement up to a maximum of \$400 per fiscal year toward the expense of purchase of new, replacement, or repair of tools. As is the case with all other equipment, this expense is to be considered in the requiring department's budget.

The initial purchase, replacement purchase or repair of tools must be authorized by the employee's Supervisor and Department/Division Director or designee.

Purchase Procedure:

1. Employee must receive his or her supervisor's approval prior to purchase, replacement or repair purchase.
2. Employee agrees to, signs and returns the tax exempt agreement form to the authorizing supervisor prior to purchase. This is necessary for tool purchases or repair parts only. The exemption does not apply to labor for repairs.
3. Employee purchases new or replacement tools or has repair made from vendor of their choice.
4. Employee completes the Reimbursement Request form.
5. The request form, along with the actual sales or repair receipt, is submitted to Fiscal Section of employee's department for submission to the Finance Department. The vendor must state "Tool Repair" on a repair receipt.
6. Employee is reimbursed the actual expense up to a maximum amount of \$400 annually on a fiscal year basis.
7. Tools must be paid in full in order to receive the reimbursement up to the maximum. Proof of purchase will include the sales slip, credit card purchase slip, and/or cash receipt; proof of repair will include a vendor receipt specifying "Tool Repair"; these will be adequate to initiate the reimbursement up to the maximum.
8. Applications for the reimbursement after purchase of tools, must be initiated through the employee's Department/Division. Provisions for the reimbursement must be initiated through the employee's immediate Supervisor or designated person within the Department/Division.

Frequency:

1. Tool reimbursement, up to a maximum of \$400 will be honored within a twelve (12) month period, coinciding with the fiscal year.
 - a. Exceptions: Tools that have in some way become accidentally damaged will need the approval and recommendations of the Supervisor and Department Director or Division Director for replacement.
 - b. Deliberate misuse or damage to tools may result in denial of the customary reimbursement.
2. Each Department/Division will be responsible for monitoring the frequency of the purchase or repair of tools by their employees.
3. Any other problems that become evident regarding the tool program will be handled on an individual case basis.
4. Employee must receive approval to purchase tools through a Supervisor.
5. Upon approval to purchase tools, the employee must sign the Agreement regarding the use of a Tax Exempt certificate. A copy of this Agreement form will accompany the approved Reimbursement Request form and sales or repair receipt to the Finance Department.

REIMBURSEMENT REQUEST FORM
TOOL PURCHASE REPLACEMENT/REPAIR

Employee _____ Division/Section _____

Social Security # _____ Job Title _____

Reason for purchase or repair: _____

Repair _____ Purchase _____ Date of Last Purchase _____

Superintendent/Date

Division Director/Date

Tax Exempt Agreement

TO BE COMPLETED ONLY FOR PURCHASE OF TOOLS OR REPAIR PARTS

I, _____, understand that the use of the issued tax exempt certificate for any
(Employee Signature)
purpose other than the purchase of tools by _____ will constitute a violation of the Florida
Date
Statutes and result in corrective action in accordance with Lee County Personnel Policies and Procedures (to
include termination).

Supervisor's Signature

Date

Certificate Number