



Please send reimbursement form and proof of purchase to marketing@lensauto.net

TOOL REIMBURSEMENT REQUEST FORM

EMPLOYEE NAME		SHOP LOCATION	
EMPLOYEE EMAIL ADDRESS	EMPLOYEE PHONE #	TODAY'S DATE	

- I. I request reimbursement for the purchase of said tool(s) required for use on my job with Len's Auto Repair.
- II. Len's Auto Repair will reimburse up to \$500 a year to the cost of approved tool(s).
- III. Employees shall purchase their tool(s) at any retail facility that they choose using their own funds.
- IV. Employee must submit a copy of the receipt for their tool(s) for approval prior to reimbursement.
- V. If tool(s) are returned, employee will notify Len's Auto Accounting Department. Any employee requesting reimbursement consents to random audits to ensure tool(s) have not been returned. Any employee who receives reimbursement for tool(s) from Len's Auto Repair but returns said product without informing Len's Auto Repair will be subject to disciplinary action.

RETAILER LOCATION: _____ PURCHASE DATE: _____

PURCHASE PRICE (INCLUDING TAX): _____

EMPLOYEE SIGNATURE: _____ DATE SIGNED: _____

ADMINISTRATIVE USE	
<input type="checkbox"/> Employee has submitted proof of purchase	Amount Reimbursed: _____
<input type="checkbox"/> Purchase date is valid	Form of Payment: _____
<input type="checkbox"/> Employee has not gone over maximum \$500 reimbursement	
Signature: _____	Printed Name: _____ Date: _____