**COMPANY CAR POLICY**

**USE OF COMPANY VEHICLES**

[EMPLOYER'S NAME] provides select employees with access to company-owned, leased, or rented vehicles ("**company cars**") to carry out work-related tasks. The use of company cars is a privilege granted under the following conditions:

* Personal use: Personal use of company cars is [strictly prohibited/allowed only with explicit prior approval/permitted as outlined in this policy]. Personal use includes, but is not limited to, commuting between home and work, weekend or vacation use, and use by family members or dependents.
* Authorization: Only employees who receive prior approval from [POSITION/NAME/DEPARTMENT] are authorized to drive company cars.
* Driver requirements: All authorized drivers must maintain a valid driver’s license and are required to operate company cars in a safe, lawful, and responsible manner at all times.

This policy applies to the use of company cars during both working [and nonworking] hours, whether on or off [EMPLOYER'S NAME]'s premises. For further guidance or questions regarding this policy, please contact [DEPARTMENT NAME].

This policy complies with all applicable laws and regulations in the state of Iowa.

**DOCUMENTATION OF BUSINESS USE**

Employees authorized to use a company car must maintain detailed records of its business use and submit a monthly statement to [EMPLOYER'S NAME] by [the 10th day of each month/[OTHER DEADLINE]]. This statement must include:

* Vehicle information: Description of the vehicle used.
* Mileage: Beginning and ending odometer readings and total business mileage.
* Usage dates: Dates of business use.
* Purpose: Specific business purpose for the use.
* Locations: Destination(s) driven to during business use.
* Fuel costs: Receipts or documentation of fuel expenses.
* Maintenance costs: Details of any maintenance expenses incurred.

Failure to submit accurate and timely records may result in loss of company car privileges. For questions or assistance, please contact [DEPARTMENT NAME].

**FUEL AND MAINTENANCE REIMBURSEMENTS**

[EMPLOYER'S NAME] will [pay/reimburse] for fuel costs, parking fees, tolls, and necessary maintenance related to company car use under this policy. Drivers must follow these protocols for reimbursement of out-of-pocket expenses:

Reimbursement process

* Expense reimbursement form: Drivers must complete an expense reimbursement form and submit it to the [DEPARTMENT NAME] Department. Forms must be signed by the driver and [the employee's supervisor/[POSITION]]. Forms are available [on the [EMPLOYER'S NAME] intranet/from the [DEPARTMENT NAME] Department].
* Documentation required: Expense reimbursement forms must include:
  + Original receipts or documentation showing:
    - Amount Paid.
    - Date the expense was incurred and paid.
    - Vendor/provider name and location.
    - Nature and business purpose of the expense.
* A copy of the monthly report with receipts may be used as supporting documentation.
* Missing documentation: If receipts cannot be provided, the driver must include a written explanation. [EMPLOYER'S NAME] will evaluate the explanation and determine if the expense qualifies for reimbursement. [Receipts are not required for expenses under $[AMOUNT].]

Submission timelines

* Timely submission: Expense reimbursement forms must be submitted within 60 days of incurring the expense.
* Late submission: Expenses submitted after the deadline may not be reimbursed or could be treated as taxable income.

Review and payment

* Verification: The [DEPARTMENT NAME] Department/[POSITION]] will verify all expense forms for accuracy, appropriateness, and adequate documentation.
* Right to refuse: [EMPLOYER'S NAME] reserves the right to deny reimbursement for forms that fail to meet the policy requirements.
* Prompt payment: Approved reimbursements will be processed promptly, no later than December 31 of the calendar year following the year in which the expense was incurred.

Excess reimbursement

* If an excess reimbursement is identified, the driver must report and return the excess to the [DEPARTMENT NAME] Department within 120 days.

For further questions or assistance with reimbursement, please contact the [DEPARTMENT NAME] Department.

**ACCOUNTABLE PLAN**

This policy is designed to comply with the requirements of an "accountable plan" under the Internal Revenue Code (IRC) and applicable Treasury Regulations. This ensures that reimbursed expenses are not treated as taxable income to employees, provided all documentation and submission requirements are met.

**AUTHORIZED USE OF COMPANY VEHICLES**

Company cars are assigned to approved employees strictly for business-related activities. Permissible uses include [LIST OF PERMISSIBLE USES, e.g., attending client meetings, making deliveries, or traveling between work sites]. Any use beyond these activities must receive prior approval from [PERSON/POSITION].

Employees may make brief incidental stops during the course of business use without violating this policy. When not in use, company vehicles must be parked on [EMPLOYER'S NAME]'s premises or other approved locations.

[Employees on unpaid leave may only drive company cars for business purposes with prior written authorization from [EMPLOYER'S NAME]. Driving during nonworking hours without this authorization is strictly prohibited.]

**DRIVER AND PASSENGER AUTHORIZATION**

Only employees explicitly authorized by [EMPLOYER'S NAME] may operate company vehicles. Authorized drivers must maintain a valid driver’s license and immediately notify [PERSON/POSITION] if their license is suspended or revoked. [EMPLOYER'S NAME] may review driving records periodically, consistent with applicable background check laws, and reserves the right to revoke driving privileges based on driving history or other considerations.

Passengers are permitted in company vehicles strictly for business-related purposes, and their number must not exceed the available passenger seats. Transportation of children in company vehicles is only allowed when compliant with applicable child safety seat laws, and the appropriate child restraints must be installed and used as required.

**VEHICLE SAFETY GUIDELINES**

Employees operating company vehicles are expected to adhere to strict safety protocols to ensure the safety of all road users and company property. These standards include:

* Maintaining a reasonable speed appropriate for road conditions and adhering to posted speed limits.
* Following all traffic signals, signs, and rules.
* Using seat belts at all times.
* Avoiding aggressive or reckless driving behaviors.
* Refraining from driving in unsafe conditions, such as poor weather or low visibility.
* Never driving under the influence of alcohol, drugs, or while fatigued.
* Avoiding distractions, including texting or emailing while driving, and using hands-free devices for calls if necessary.
* Not wearing headphones while driving.
* [Refraining from storing or transporting weapons in the company car, as permitted by applicable state or local law.]

Vehicle maintenance and care

Company vehicle operators must ensure the vehicle is well-maintained and report any unsafe conditions or necessary repairs to [PERSON/POSITION] promptly. Additionally, drivers must:

* Secure the vehicle by locking doors, closing windows, and safeguarding valuables, including confidential information.
* Avoid storing personal items in company cars, as personal losses may not be reimbursed.
* Not transport hazardous or flammable materials unless explicitly authorized.
* Avoid attaching or pulling trailers or other vehicles.
* Prohibit unauthorized modifications or after-market changes to the vehicle.
* Not pick up hitchhikers or transport items unrelated to legitimate business purposes.

Accident and incident reporting

In the event of an accident, theft, or moving violation, employees must:

* Remain with the vehicle and file a police report or cooperate with law enforcement as required.
* Avoid providing medical care unless properly trained to do so.
* Immediately report details of the incident, including damage, theft, or violations, to [PERSON/POSITION].

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department oversees the implementation and management of this policy. Employees with questions regarding this policy or any associated procedures should contact the [DEPARTMENT NAME] Department for clarification.

Employees who violate or abuse this policy, such as by submitting fraudulent reimbursement claims or failing to adhere to safety and usage guidelines, may face disciplinary measures, up to and including termination of employment.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The employment terms in this policy operate alongside and do not replace, modify, or add to any terms or conditions outlined in a collective bargaining agreement between a union and [EMPLOYER'S NAME].

Employees should refer to their collective bargaining agreement for specific terms.

In cases where this policy conflicts with the collective bargaining agreement, the agreement's terms will prevail.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date