

## VEHICLE REIMBURSEMENT POLICY ACKNOWLEDGMENT

I, \_\_\_\_\_, have read and accept the requirements for the Luxottica Vehicle Reimbursement Program (LVRP) and will adhere to those requirements as set forth in this policy. Failure to adhere to this policy may result in exclusion from the LVRP and/or discipline, up to and including termination.

I understand that the company reserves the right to periodically review the LVRP and to discontinue the program based on the business needs and circumstances.

I also understand there are circumstances that may deem my participation in the LVRP as a taxable transaction and payments may be subject to personal tax. If usage is deemed taxable, the amount will be reported on my Form W-2 or Form T-4 and all federal and local taxes will be withheld by the Company from wages paid in November and/or December as required by law. I further understand that the tax reporting cycle will be reviewed periodically for accuracy and may be moved as deemed appropriate by the Company.

Program Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send a copy of this completed page along with clear copy of Driver's License (front & back) to:

Luxottica Fleet Specialist

Fax: 513-492-6631 or Email: [Corporate\\_Services@luxotticaretail.com](mailto:Corporate_Services@luxotticaretail.com)