

VEHICLE FUEL CARD REQUEST

DATE: _____

FUEL TYPE _____ LICENSE PLATE NO. _____
TANK SIZE: _____ GALS. VIP OR CONF. NO.: _____
DEPARTMENT: _____ YEAR: _____
DIVISION: _____ MAKE: _____
FUEL ACCT. # _____ MODEL: _____

REASON FOR REQUEST

NEW ASSIGNMENT: _____ CARD DAMAGED: _____
CARD LOST: _____ ACCT. NO. CHANGE: _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE, AND THE ISSUED CARD WILL BE USED ONLY FOR THE ABOVE INDICATED VEHICLE.

(PLEASE PRINT NAME CLEARLY) SIGNATURE _____
ADDRESS IF CARD IS TO BE MAILED (PRINT CLEARLY) _____

FC# _____ DATE PROCESSED _____