

REQUEST FOR COMMERCIAL FUEL CREDIT CARD

PURPOSE: This form will be used by The University of Texas at Austin departments to request a commercial fuel credit card for university business use. The Requestor must be authorized to sign for the billing account number provided by the department.

TO: Fleet Management Services
 FC6 Room 1.100 Mail Code: D3000
 Phone: 512-471-4668 Fax: 512-471-3629

FROM: _____ Department
 _____ / _____ Requestor Name / Phone
 _____ Requestor Email
 _____ / _____ Accounts Payable Contact Name / Phone
 _____ Accts. Payable Email
 _____ U.T. Billing Account Number

APPROVED: _____
 Dean/Director Signature

On behalf of my department, I hereby request commercial fuel credit cards for the following department vehicles. I understand that there will be one commercial fuel card per requested vehicle. I understand that each card is to be used solely for the purpose of obtaining fuel and/or vehicle services for the designated U.T. vehicle for which the card is issued.

License #	Year	Manufacturer	Model	Door #

Number of General Purpose cards requested (for rental vehicles, etc.) _____ PIN# _____

Billing Address: _____

For Office Use Only --- For Office Use Only --- For Office Use Only --- For Office Use Only

By signing for and taking receipt of these commercial fuel cards, the user acknowledges that he/she has signature authority over the billing account listed above (or is on the Authorized Personnel List, form FMS-cfc2, for this department) and that the requesting department has internal controls in place to ensure the cards are used for official purposes only.

 SIGNATURE

 PRINT NAME

 DATE