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.

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<th>TX #</th>
<th>Year</th>
<th>Manufacturer</th>
<th>Vessel Name</th>
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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 ___________________________

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