

**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.

TX #	Year	Manufacturer	Vessel Name

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