

COMMERCIAL FUEL CARDS – RULES & RESPONSIBILITIES:

Vehicle Specific Cards

A card issued to a specific University vehicle can only be used for that vehicle.

General Purpose Cards

Cards requested for General Purpose can be used for the University vehicles within a specific department as well as vehicles rented by that department.

Restrictions

- Commercial fuel cards can only be used for fuel and vehicle related purchases and services.
- Departments may request specific limits through Fleet Management Services (number of transactions/day, dollars/month, fuel only, etc.)

Departmental Responsibilities

- The two UT fuel stations should be used exclusively, when practical
- Use of the commercial fuel card is for Official State Business Only, personal use is strictly prohibited.
- Fuel or other purchases made for a University vehicle (regardless of payment type) must be reported for that specific vehicle in the UT Mainframe WV6 screen by the **tenth calendar day** of the following month.
- Safeguards should be in place to prevent theft of commercial fuel cards.
- Documentation must be retained for all purchases (receipts, logs, etc.).
- For audit purposes, all documentation must be retained by the department for eight years.
- Reconciliation must be done monthly. Statements must be compared with the receipts kept to ensure that each purchase was authorized. The purchase and the verification of receipt will be done by different individuals to ensure good internal controls.
- Disputes over billing issues can be handled through the commercial fuel card vendor.
- For lost or stolen cards, immediately contact the University's Fleet office at 512-471-4668.

Fleet Management Services Responsibilities

- The issuance / cancellation of commercial fuel cards will be handled through the University's Fleet Management Services office (Campus Mail Code D3000, 512-471-4668).

I have read the above rules & responsibilities and I fully understand and accept the obligations incurred by the request of commercial fuel cards for my department.

Name of Dean/Director _____

Signature of Dean/Director _____

Date _____