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 Operations FC6 Room 1.100 Mail Code: D6000 Phone: 512-471-4668 Fax: 512-471-3629
From:	Department Requestor Name / Phone Requestor Email Accounts Payable Contact Name / Phone Accts. Payable Email UT 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 UT vehicle for which the card is issued.

TX#	Year	Manufacturer	Vessel Name

Billing Address:

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 _____

Parking and Transportation Services | Phone: 512-471-PARK Email: parking@utexas.edu | Web: parking.utexas.edu



The University of Texas at Austin Financial and Administrative Services