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 Operations
FC6 Room 1.100 Mail Code: E6000
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.

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<th>License#</th>
<th>Year</th>
<th>Manufacturer</th>
<th>Model</th>
<th>Door #</th>
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Number of General Purpose cards requested (for equipment only.)  ______________ PIN# assigned

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 ______________