FUEL CARD REQUEST FORM

EACH CARD REQUESTED WILL REQUIRE INFORMATION SUBMITTED ON THIS FORM!
PLEASE MAKE COPIES DEPENDING ON WHATEVER YOUR NEEDS MAY BE.

INDIVIDUAL MAKING REQUEST

PRINTED NAME: ___________________________________________________________________________________
TITLE: __________________________________________________________________________________________
PHONE: _________________________________________________________________________________________

BUDGET INFORMATION

CAMPUS LOCATION: ____________________________________ DATE: ______________________________
BUDGET NUMBER: ____________________________________________(Include 2 letter designator: UP, HY, BK etc)
FUND NUMBER: ________________________________________________________________________________
PROJECT NUMBER: _____________________________________________________________________________ (OPTIONAL)
BUDGET EXECUTIVE NAME: ______________________________________________________________________
FINANCIAL OFFICER NAME: ______________________________________________________________________

CONTACT PERSON RESPONSIBLE FOR MONTHLY BILLING AND PROCESSING

PRINTED NAME: __________________________________________________________________________________
ADDRESS: _____________________________________________________________________________________
PHONE NUMBER: _________________________________________________________________________________
EMAIL ID: ______________________________________________________________________________________

CARD INFORMATION

LINE 1: _____________________________________________________________(OPTIONAL)
EXAMPLE: DEPT. NAME, INDIVIDUAL NAME, VEHICLE NUMBER
LINE 2: "THE PENNSYLVANIA STATE UNIVERSITY" MANDATORY
LINE 3: _____________________________________________________________ (OPTIONAL)
EXAMPLE: DEPT. NAME, INDIVIDUAL NAME, VEHICLE NUMBER

BUDGET EXECUTIVE SIGNATURE: __________________________________________________________________
FINANCIAL OFFICER SIGNATURE: __________________________________________________________________

PLEASE SUBMIT COMPLETED FORM TO: JOHN HOOVER—FLEET OPERATIONS BLDG, RM 1, UNIVERSITY PARK,
PA 16802 ANY QUESTIONS PLEASE CALL 814-863-7888
Purpose:

This form is to be used to request a Fuel Card for the purpose of purchasing fuel for departmentally owned University vehicles.

General Information:

1. The card may be used to purchase fuel or pay for service work performed on a University vehicle. Taxes on fuel purchases will be deducted automatically.
2. Requests for Departmental fuel cards are made directly to Fleet Operations via the Fuel Card request form.
3. For policies covering University owned vehicles refer to BS20 in GURU.
4. For Departmentally owned vehicles with circumstances not covered in BS20 refer to Risk Management for guidance.

Exhibit/Instructions:

Click on to view the exhibit and instructions on completing the form.