



The University of Georgia

Office of the Vice President for Finance and Administration

Procurement Office

Fuel Card Request

Date: _____

Department Name: _____

Department Contact Name: _____ Phone No: _____

Department Contact Email Address: _____

Department Contact Address: _____

UPS Address if different: _____

City: _____ State: _____ Zip Code: _____

Account Number: _____ (3-Digit) - Dept. Code: _____

Action Requested: (one form per requested action)

☐

New Credit Card:

UGA Vehicle No. _____

Vehicle Description _____

Tag No. _____

VIN No. _____

☐

Delete Credit Card:

Vehicle Approval Reference No. _____

☐

Replace Credit Card:

☐ Lost ☐ Stolen ☐ Other _____

UGA Vehicle No. _____

Vehicle Card No. _____

Send completed form to University of Georgia Automotive Center
Mail: 205 Automotive Center FAX: 706-542-7522
Riverbend Road
Athens, Georgia 30602
Attn: Cris Taylor, Fleet Manager

Procurement Office Use Only

Date Ordered: _____ Date Terminated: _____ Date Received: _____

Picked Up By (**Print Name**): _____

Picked Up By (**Signature**): _____ Date: _____