



Gas/Diesel Pumps Authorization Form

PLEASE E-MAIL TO s , / > D / E d E E > h ^ & X h

DATE : _____ DEPARTMENT: _____

REQUESTER : _____ PHONE No. _____

REQUESTER E-Mail Address: _____ FAX No. _____

CONTACT PERSON: _____ PHONE No. _____

(IF OTHER THAN REQUESTOR)

CONTACT E-Mail Address: _____ FAX No. _____

**** THE FOLLOWING PERSONNEL ARE AUTHORIZED BY THIS DOCUMENT TO PUMP GAS/DIESEL FUEL FOR OUR
 USF OWNED VEHICLES ****

	DIESEL	GAS
1. _____ U-Number _____	_____	_____
2. _____ -Number _____	_____	_____
3. _____ -Number _____	_____	_____
4. _____ -Number _____	_____	_____
5. _____ -Number _____	_____	_____

** PLEASE PROVIDE THE FOLLOWING CHART FIELDS FOR BILLING PURPOSES: **

BUS UNIT: USF01 OPER UNIT: _____ FUND CODE: _____ DEPT ID: _____

PRODUCT: _____ INITIATIVE: _____

GRANTS 1/CONSTR. PROJECT 2 INFORMATION: (GRANT EXPIRATION DATE: _____)

PC BUS UNIT 1&2: _____ PROJECT ID1&2: _____

ACTIVITY ID 1&2: _____ BUDGET REF 2: _____

ACCOUNTABLE OFFICER: _____ MAIL POINT: _____

(PLEASE PRINT)

SIGNATURE: _____ -MAIL ADDRESS: _____

(Signature is required when charging to a chart field no.)

**** THE ACCOUNTABLE OFFICER SHALL BE FINANCIALLY RESPONSIBLE BASED ON HIS/HERS SIGNATURE
 ABOVE FOR ALL GASOLINE/DIESEL PURCHASES MADE BY THE PERSONNEL LISTED HEREIN ****