



The University of Georgia

Office of the Senior 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: \_\_\_\_\_

F.P.O. No: \_\_\_\_\_

Action Requested: (one form per requested action) (Vehicle Issued Under)

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: Bill Fox, Fleet Manager

Procurement Office Use Only

Date Ordered: \_\_\_\_\_ Date Terminated: \_\_\_\_\_ Date Received: \_\_\_\_\_

Picked Up By (Print Name): \_\_\_\_\_

Picked Up By (Signature): \_\_\_\_\_ Date: \_\_\_\_\_