



SHARYLAND PURCHASING OFFICE

GAS CARD REQUEST FORM

Date: _____ Employee name: _____

Contact Phone: _____ Trip Destination: _____

Trip Date: _____ Round Trip Distance: _____

No. of Vehicles: ____ Type of Vehicle(s): Vehicle 1 _____ Vehicle 2 _____

Budget Code: _____

Credit card type: EXXON VALERO

Card number: _____

I have received the fuel credit card indicated above. I take responsibility for all expenses charged to this credit card and I agree to the following:

- Use of the corporate credit card is for business-related expenses.
- Personal expenses may not be charged to the corporate credit card.
- All receipts for charges to the credit card must be submitted to the campus/department secretary.
- The corporate credit card must be returned to the purchasing department immediately after trip.

I have read, understand and agree to the above-mentioned terms governing the use of the fuel credit card. I understand misuse or abuse of this credit card or willful violation of the terms of this agreement may result in personal financial liability and disciplinary action, including discharge.

Employee Signature

Date

Printed Name