

## Gas/Diesel Pumps Authorization Form

\*\*PLEASE E-MAIL TO VEHICLEMAINTENANCE@USF.EDU\*\*

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*\*\***

		<b>DIESEL</b>	<b>GAS</b>
1. _____	U-Number _____	___	___
2. _____	U-Number _____	___	___
3. _____	U-Number _____	___	___
4. _____	U-Number _____	___	___
5. _____	U-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: \_\_\_\_\_ E-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**