

Fuel Card Application (Please Print)

Department Name	
Record Keeper Name and Phone Number	Record Keeper Email Address
Cardholder Name and Phone Number (If different than Record Keeper)	Cardholder Email Address (If different than Record Keeper)
Requisition Number	
Vehicle # Index #	
Vehicle Make, Model and Year	
Return the completed application to Marci More (teresa.jackson@wku.edu or 5-4619.) Please let	ehead (<u>marci.morehead@wku.edu</u> or 5-6365) or Teresa Jackson t us know if you have questions.
Record Keeper Signature and Date	
Cardholder Signature and Date	
Supervisor Approval and Date	