

Gas Card Usage

Date card obtained _____ Date card returned _____

Department to be charged _____ Account code _____

Trip To _____

Purpose of Trip _____

Gas Card Name and Number _____

Tag number of automobile _____

Gas purchases:

Date of purchase 1 _____ 2 _____ 3 _____

Place of purchase _____

Gallons purchased _____

Cost of purchase _____

Name of employee. _____ Signature _____

Name of Supervisor _____ Signature _____

Business office staff _____ Signature _____

**THIS FORM MUST BE COMPLETED BEFORE A CARD CAN BE ISSUED
RECEIPT(S) MUST ACCOMPANY THIS FORM UPON RETURN OF THE GAS CARD.**