Gas/Diesel Pumps Authorization Form

**PLEASE E-MAIL TO RCRUBEL0@USF.EDU OR FAX TO 974-8194**

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**

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<th>DIESEL</th>
<th>GAS</th>
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<td>1.</td>
<td>U-Number. ____________</td>
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**PLEASE PROVIDE THE FOLLOWING CHART FIELDS FOR BILLING PURPOSES:**

BUS UNIT: **USF01** OPER UNIT: ___________ FUND CODE: ___________ DEPT ID: ___________

PRODUCT: ___________ INITIATIVE: ___________

GRANTS 1/CONSTR. PROJECT2 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**