



# USF PHYSICAL

## PLANT

VEHICLE MAINTENANCE  
TELEPHONE No. 974-2500  
FACSIMILE No. 974-8194

### GAS PUMP AUTHORIZATION FORM

DATE: \_\_\_\_\_ REQUESTER: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ PHONE No. \_\_\_\_\_ FAX No. \_\_\_\_\_

CONTACT PERSON (IF OTHER THAN REQUESTER): \_\_\_\_\_ PHONE No. \_\_\_\_\_

RETURN FORM TO: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

THE FOLLOWING PERSONNEL ARE AUTHORIZED BY THIS DOCUMENT TO PUMP GASOLINE/DIESEL FUEL FOR OUR USF OWNED VEHICLES. Names should be as listed in GEMS (no nicknames).

1. \_\_\_\_\_ GEMS ID No. \_\_\_\_\_
2. \_\_\_\_\_ GEMS ID No. \_\_\_\_\_
3. \_\_\_\_\_ GEMS ID No. \_\_\_\_\_
4. \_\_\_\_\_ GEMS ID No. \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING CHARTFIELDS FOR BILLING PURPOSES:

BUS UNIT: USF01 OPER UNIT: \_\_\_\_\_ FUND CODE: \_\_\_\_\_ DEPT ID: \_\_\_\_\_

PRODUCT: \_\_\_\_\_ INITIATIVE: \_\_\_\_\_

PROJECT INFORMATION: (FOR GRANTS AND/OR CONSTRUCTION)

PC BUS UNIT: \_\_\_\_\_ PROJECT: \_\_\_\_\_ ACTIVITY ID: \_\_\_\_\_

RESOURCE TYPE: \_\_\_\_\_ RESOURCE CAT: \_\_\_\_\_ BUDGET REF: \_\_\_\_\_

ACCOUNTABLE OFFICER: \_\_\_\_\_ MAIL POINT: \_\_\_\_\_

(PLEASE PRINT NAME)

ACCOUNTABLE OFFICER: \_\_\_\_\_

(MANUAL SIGNATURE REQUIRED WHEN CHARGING TO A CHARTFIELD NO.)

ACCOUNTABLE OFFICER SHALL BE FINANCIALLY RESPONSIBLE BASED ON HIS/HER SIGNATURE ABOVE FOR ALL GASOLINE PURCHASES MADE BY THE PERSONNEL LISTED HEREIN.