



FUEL PIN USER AGREEMENT & REQUEST FORM

Submit this form via fax to (404) 385-2401 OR mail to 306 Tenth Street, NW, Atlanta, Georgia 30318

**** Due to the sensitivity and confidentiality of information, forms will not be accepted electronically via e-mail ****

I, _____ (*print name*), agree to the following regarding my use of the Georgia Tech fuel card and PIN:

1. I understand that I will make financial commitments on behalf of my entity, Georgia Tech, and the state of Georgia. I will strive to obtain the best value for Georgia Tech. I also understand that I am to take measures to protect the fuel card and PIN against loss, theft, or damage. If loss, theft, or damage occur, I will report it immediately to my supervisor and/or Georgia Tech Fleet Services.
2. I understand that under no circumstances will I use the fuel card and PIN to make personal purchases, either for myself or for others. Willful intent to use the fuel card and PIN for personal gain will result in disciplinary action up to and including termination of employment and criminal prosecution.
3. I will follow established procedures for using my fuel card and PIN. Failure to do so may result in either revocation of my use privileges or disciplinary action. Additionally, I will follow all entity and State of Georgia purchasing requirements as they relate to the State of Georgia fuel card.
4. I agree to cooperate with any entity, Georgia Tech Fleet Services, Georgia Office of Fleet Management or any Department of Administrative Services employee engaged in auditing or otherwise investigating use of the fuel card.
5. I will not reveal my Personal Identification Number (PIN), weather in writing or verbally, to any other party, including other employees and merchants. I also understand that the monthly Wright Express (WEX) report will indicate my name as the responsible party if my PIN is used.
6. I received access Georgia Tech's fuel card policies and procedures and the Statewide Fuel Card Standards and Guidelines, either in print or electronic form; have received training on card use and policies; and understand the requirements for using the fuel card.

PIN REQUESTER INFORMATION (*Print Legibly*)

PIN Requester Name:

Is this employee a student?	YES	GT ID #:	Phone #:
	NO		

Department Name:	If Facilities, Department:
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Georgia Tech E-Mail Address:

Department Address:	City:	State:	Zip:
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PeopleSoft Project ID #:	Drivers License #:	
	Expiration Date:	Drivers License State:

DEPARTMENT APPROVAL

<i>PIN Requester Signature:</i>	<i>Date:</i>
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<i>Supervisor (Print Name):</i>	<i>Signature:</i>	<i>Date:</i>
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<i>Dept. Fleet Coordinator (Print Name):</i>	<i>Signature:</i>	<i>Date:</i>
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<i>Office of Fleet Services Approval Signature:</i>	<i>Date:</i>
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