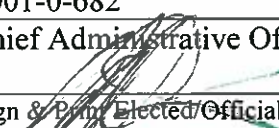


COMDATA FUEL CARD REQUEST FORM

Purpose: This form will be used by Hidalgo County Purchasing Department to request a fuel card for County business use only. The Requestor must be authorized to sign for the billing account number provided by the department.

Add Vehicle Card Add Driver Pin Delete Cancel Card Delete/Cancel Driver

Department:	Hidalgo County Health & Human Services		
Billing Address:	1304 South 25 th Ave, Edinburg, TX 78539		
Fuel Card Manager:	Eduardo Olivarez		
	This person can not have use of the fuel card		
Phone Number:	(956)383-6221		
County Email:	eddie.olivarez@hchd.org		
Web user Name:	health	Password:	sweet
Hidalgo Co Acct Number:	8-1100-441-00-340-001-0-682		
Requested By:	Eduardo Olivarez, Chief Administrative Officer		
	 Sign & Print Elected Official/Supervisor/Director		

On behalf of my department, I hereby request fuel cards for the following department vehicles. I understand that there will be one fuel card per requested vehicle. I understand that each card is to be used for the purpose of obtaining fuel for the designated Hidalgo County vehicle for which the card is issued.

<i>For Purchasing Department Use Only</i>	
Approved by Commissioners Court On:	_____
Reviewed by Fuel Card Administrator:	_____
Cards Received by Dept on:	_____ Date Returned/Cancelled: _____
Fuel Cards Received by Department:	_____
	Sign & Print Authorized Elected Official/Supervisor/Director

Vehicle Plate No	Vehicle Description	VIN Number	Purchasing Dept Only Card Number
	Mosquito Sprayers Supervisor Salvador Luna		
	① Mosquito Sprayer Rogelio Reyes		
	② Mosquito Sprayer Ronnie Ramirez		
	③ Mosquito Sprayer Jose Alvarez		
	Generators		
	① Rigoberto Hinojosa		
	② Adolfo Requena		
	③ Juan Jones		