

FUEL CREDIT 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 SHERIFF'S OFFICE		
Billing Address:	P.O. BOX 1228, EDINBURG, TX 78542		
Fuel Card Manager:	MYRA MONTOYA		
	<small>This person can not have use of the fuel card</small>		
Phone Number:	956-393-6024	County Email:	myra.montoya@hidalgo.org
Web user Name:		Password:	
Hidalgo Co Acct Number:	2-1100-421-00-280-001-0-626		
Requested By:	<i>Myra Montoya</i> Myra Montoya, Commander		
Original Signature is required	<small>Sign & Print Elected/Official Supervisor/Director</small>		
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:	Agenda Item No. # 35711
Reviewed by Fuel Card Administrator:	
Cards Received by Dept on:	Date Returned/Cancelled:
Fuel Cards Received by Department:	<small>Sign & Print Authorized Elected Official/Supervisor/Director</small>

Vehicle Plate No <small>(N/A - Non-vehicle)</small>	Description <small>(Vehicle or Non-vehicle Equip.)</small>	VIN Number <small>(N/A - Non-vehicle)</small>	Asset Number <small>(N/A - Non-vehicle)</small>	<i>Purchasing Dept. Use Only</i> Card Number

List all names of drivers who will fuel a Hidalgo County vehicle. Drivers who have not submitted their driver's information to Department of Budget Management Safety Division (DBM) will not be allowed a Pin number to fuel up. All Drivers must submit all proper documentation requested by DBM before driving a Hidalgo County vehicle.

User Name	DOB	User ID <small>(6 digits)</small>	<i>DBM Use Only</i> License Verification	<i>Purchasing Dept. Use Only</i> Training Date & Signed Fuel Policy
RODOLFO SALINAS	07/10/69	4058	<i>RS</i>	

Form F.1.1 Revised:

Attach separate list if additional users are required