

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 Card

Department:	Hidalgo County Health & Human Services		
Billing Address:	1304 S. 25 th Ave		
Fuel Card Manager:	Eduardo Olivarez		
	This person can not have use of the fuel card		
Phone Number:	(956)383-6221		
Web user Name:		Password:	
Hidalgo Co Acct Number:	8-1100-441-00-340-001-0-626		
Requested By:	Eduardo Olivarez		
Original Signature is required		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:	Agenda Item No. #
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 (N/A = Non-vehicle)	Description (Vehicle or Non-vehicle Equip.)	VIN Number (N/A = Non-vehicle)	Asset Number (N/A = Non-vehicle)	Purchasing Dept. Use Only 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 (6 digits)	DBM Use Only License Verification	Purchasing Dept. Use Only Training Date & Signed Fuel Policy
Ilianna Lee Mata	7/10/93	17332		
Maricela Gonzalez	4/25/61	17334		
Erica Parra	2/2/74	17331		
Yarida Torres	8/21/87	17330		
Kris Martinez	7/11/96	17333		

Form F.1.1 Revised:

Attach separate list if additional users are required

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User Name	DOB	User ID (6 digits)	<i>DBM Use Only</i> License Verification	<i>Purchasing Dept. Use Only</i> Training Date & Signed Fuel Policy
Imelda Garza	11/26/72	17322		