

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 X Delete/ Cancel Card Delete/Cancel Driver

Department:	Hidalgo County Constable Precinct 3		
Billing Address:	730 N. Breyfogle Rd. Suite B Mission, Texas 78574		
Fuel Card Manager:	Raquel Ramos		
	This person can not have use of the fuel card		
Phone Number:	956-581-6800		
Web user Name:		Password:	
Hidalgo Co Acct Number:	0-1100-421-00-293-001-0-626		
Requested By:	<i>[Signature]</i>		
<small>Original Signature is required</small>	<small>Sign & Print Elected/Official Supervisor/Director</small>		
<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.</small>			

<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:	_____
<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
1393117	2020 FORD F150	1FTEW1P43LKD52338	77984	
1393116	2020 FORD F150	1FTEW1P41LKD52237	77983	

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

Form F.1.1 Revised:

Attach separate list if additional users are required

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

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:	0-1100-441-00-340-001-0-626		
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.			

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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
143-2864	Professional Ambulance	WDAPF3CDXKN035781	77057	

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