

# 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**                      **X Add Driver Pin**                      **Delete/ Cancel Card**                      **Delete/Cancel Driver**

<b>Department:</b>	Hidalgo County Health & Human Services		
<b>Billing Address:</b>	1304 S. 25 <sup>th</sup> Ave		
<b>Fuel Card Manager:</b>	Eduardo Olivarez		
	This person can not have use of the fuel card		
<b>Phone Number:</b>	(956)383-6221		
<b>Web user Name:</b>		<b>Password:</b>	
<b>Hidalgo Co Acct Number:</b>	3-1100-441-00-340-001-0-626		
<b>Requested By:</b>	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. # <span style="font-size: 1.5em; color: blue;">92711</span>
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
Eleazar Jacob Chavez				
Nancy Valeria Pulido				
Rachel Elizabeth Cadena				

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**Department:** Hidalgo County Health & Human Services

**Billing Address:** 1304 S. 25<sup>th</sup> 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:** \_\_\_\_\_

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Erika J. Martinez	[REDACTED]	[REDACTED]		
Noe De La Garza	[REDACTED]	[REDACTED]		transferred from purchasing to HHS