VOYAGER

Vehicle Listing Report
Report Date 10/22/2025

**Report Date 10/22/2025**

Total Records for Report: 4

| Account Number | Account Name | Vehicle ID | Vehicle Status Description | Vehicle Status Date | License Number | License State | VIN | Vehicle Description |
|---|---|---|---|---|---|---|---|---|
| 869309740 | HIDALGO COUNTY - WIC Program | 000148 | TERMINATED | 08/28/2025 | 109-7163 | TX | 4UZACLUD7ACAS3283 | 2010 WIC MOBILE |
| 869309740 | HIDALGO COUNTY - WIC Program | 048372 | TERMINATED | 08/28/2025 | 132-0282 | TX | 1FMFK15569LA00378 | 09FORD EXPEDITION |
| 869309740 | HIDALGO COUNTY - WIC Program | 088328 | ACTIVE | 03/05/2025 | 161-9419 | TX | 5WEEZC8P6RS415496 | 24 STARCRAFT BUS |
| 869309740 | HIDALGO COUNTY - WIC Program | 088764 | ACTIVE | 07/17/2025 | 162-9864 | TX | 1GNS5BRD9SR278073 | 25 CHEVY SUBURBAN |

# 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:** WIC (350)
**Billing Address:** 3105 W. UNIVERSITY DR EDINBURG
**Fuel Card Manager:** _____
This person can not have use of the fuel card
**Phone Number:** (956)381-4646 EXT:4043 **County Email:** esmeralda.medina@wic.co.hidalgo.tx
**Web user Name:** _____ **Password:** _____
**Hidalgo Co Acct Number:** 5-1292-441-00-350-001-5-626
**Requested By:** Clarissa Ramirez CLARISSA RAMIREZ
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.

*For Purchasing Department Use Only*

Approved by Commissioners Court On: Agenda Item No. #
Reviewed by Fuel Card Administrator: Yvonne C. Peña 8/28/25
Cards Received by Dept on: _____ Date Returned/Cancelled: 8/28/25
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 |
|---|---|---|---|---|
| 1097163 | 2010 Freight Motorhome Winnegabo | 4UZACLDU7ACAS3283 | 49507 | 900210 |
| 1320282 | 2009 Ford Expedition | 1FMFK15569LA00378 | 48372 | 900622 |
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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 |
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*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:** WIC (350)
**Billing Address:** 3105 W. UNIVERSITY DR EDINBURG
**Fuel Card Manager:** _____
This person can not have use of the fuel card
**Phone Number:** (956)381-4646 EXT:4043 **County Email:** esmeralda.medina@wic.co.hidalgo.tx.us
**Web user Name:** _____ **Password:** _____
**Hidalgo Co Acct Number:** 5-1292-441-00-350-001-5-626
**Requested By:** Clarissa Ramirez CLARISSA RAMIREZ
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.

*For Purchasing Department Use Only*

Approved by Commissioners Court On: Agenda Item No. #
Reviewed by Fuel Card Administrator: Yvonne Cindy Peña 7/17/25
Cards Received by Dept on: 7/23/25 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** |
|---|---|---|---|---|
| 1629864 | 2025 Chevrolet Suburaban | 1GNS5BRD9SR278073 | 88764 | 900649 |
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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** |
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*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:** WIC (350)
**Billing Address:** 3105 W. UNIVERSITY DR EDINBURG
**Fuel Card Manager:**
This person can not have use of the fuel card
**Phone Number:** (956)292-7000 EXT:4045 **County Email:** azael.munoz@wic.co.hidalgo.tx.us
**Web user Name:** **Password:**
**Hidalgo Co Acct Number:** 5-1292-441-00-350-001-5-626
**Requested By:** Clarissa Ramirez CLARISSA RAMIREZ
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.

*For Purchasing Department Use Only*

Approved by Commissioners Court On: Agenda Item No. #
Reviewed by Fuel Card Administrator: Yvonne C. Pena 3/05/25
Cards Received by Dept on: 3/07/2025 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** |
|---|---|---|---|---|
| 1619419 | 2024 STARCRAFT ALLSTAR XL BUS | 5WEEZC8P6RS415496 | 88328 | 900647 |
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| **User Name** | **DOB** | **User ID** *(6 digits)* | *DBM Use Only* **License Verification** | *Purchasing Dept. Use Only* **Training Date & Signed Fuel Policy** |
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***Form F.1.1 Revised:*** ***Attach separate list if additional users are required***