PALM BEACH COUNTY F D & O, FLEET MANAGEMENT

REQUEST FOR ISSUANCE OF NEW/LOST/BROKEN FUEL CARD(S)

To:	Fleet Management		Date:		
	Phone 233-4566	FAX 233-4584 t-Dispatch@pbcgov.org			
_	Za 1 2 0 1 100	n Biopaton@paogov.org			
From:		ivision/Agency			
	Department	IVISION/Agency			
	card(s) as noted be	:*************************************	******	*******	*****
	. ,				
Employee Nam	e/Vehicle Asset #	(Print or Type):			
Fund/Agency/O	rg. to be charged	:			
Please check	the appropriate I	box(es):	Please co	mplete t	he following:
	() New Employee		*(if new equipment)		
) Employee Card is Lost		Fuel Type (UN or DS)	
	() Terminated Employee() New Small Eqpt. Card *() Vehicle Card is Lost		Tank Capacity (Gallons)		
	() New V	ehicle Card			
Print Name			_		
Sign					
Dept./Division/Agency Authorized Signor			Telephone #		
******	******			******	*****
		FLEET MANAGEMEN			
Facility Code		_ D	ept/Division #		
		HID Card	Old Card		New Card
Employee Car	d #				
Vehicle Card #	ŧ				
Entored By				Date	
Entered By			_	Date	
******	******	********	******	******	*****
Card picked up	o by:				
				Date	
	Sian			, -	