

GEORGIA SOUTHERN UNIVERSITY

FUEL AUTHORIZATION FORM

(SUBMIT TO: MATERIALS MANAGEMENT,  
BOX 8123 OR FAX TO EXT 0463)

PLEASE PRINT OR TYPE INFORMATION

DEPARTMENT NAME: \_\_\_\_\_

SPEED CHART NUMBER: \_\_\_\_\_

A. VEHICLE INFORMATION:

VEHICLE NUMBER: \_\_\_\_\_

DESCRIPTION OF VEHICLE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

VIN NUMBER: \_\_\_\_\_

CURRENT MILEAGE: \_\_\_\_\_

VEHICLE:  Add  Delete  Transferred to \_\_\_\_\_  
Dept.

REPLACEMENT:  Gasboy Key  Wright Express Card

B. INDIVIDUAL INFORMATION:

PIN NUMBER: \_\_\_\_\_ (Last four digits of SSN#)

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

INDIVIDUAL:  Add  Delete

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date