



City of Corpus Christi

DATE: _____

TO: FLEET MAINTENANCE

FROM: _____ Phone No. _____

DEPT: _____

SUBJECT: **Request for Temporary Use of Fuel Credit Card**

Fuel Credit Card No. _____

Date Issued: _____ Return Date: _____

Employee: _____ I.D. _____

I assume personal liability for any unauthorized use of this card until it is personally returned by me to the Fleet Maintenance Department.

Received by: _____
Employee signature

Org # _____ Phone No. _____

Supervisor's Name _____ Supervisor's Signature _____

Issued by: _____ Date: _____

Employee returning card – Print Employee Signature Date

Fleet Employee Checking in Card – Print Fleet Employee Signature Date

Notes:
