



GEORGIA TECH FLEET SERVICES
FUEL CARD USER AGREEMENT & PIN REQUEST FORM

I, _____ (print name legibly), agree to the following regarding my use of the Georgia Tech fuel card and PIN:

- 1. I understand that I will make financial commitments on behalf of my entity, Georgia Tech, and the state of Georgia. I will strive to obtain the best value for Georgia Tech. I also understand that I am to take measures to protect the fuel card and PIN against loss, theft, or damage. If loss, theft, or damage occur, I will report it immediately to my supervisor and/or Georgia Tech Fleet Services.
2. I understand that under no circumstances will I use the fuel card and PIN to make personal purchases, either for myself or for others. Willful intent to use the fuel card and PIN for personal gain will result in disciplinary action up to and including termination of employment and criminal prosecution.
3. I will follow established procedures for using my fuel card and PIN. Failure to do so may result in either revocation of my use privileges or disciplinary action. Additionally, I will follow all entity and State of Georgia purchasing requirements as they relate to the State of Georgia fuel card.
4. I agree to cooperate with any entity, Georgia Tech Fleet Services, Georgia Office of Fleet Management or any Department of Administrative Services employee engaged in auditing or otherwise investigating use of the fuel card.
5. I will not reveal my Personal Identification Number (PIN), weather in writing or verbally, to any other party, including other employees and merchants. I also understand that the monthly Wright Express (WEX) report will indicate my name as the responsible party if my PIN is used.
6. I received access Georgia Tech's fuel card policies and procedures and the Statewide Fuel Card Standards and Guidelines, either in print or electronic form; have received training on card use and policies; and understand the requirements for using the fuel card.

Driver Information

Pin User Name

Is this employee a student? Yes Employee # Phone Number No

Department Name: If Facilities, Dept. Area:

Georgia Tech E-mail Address:

Bldg. /Street Address: City, State, Zip:

Authorization Controls

PeopleSoft Project ID #

Drivers License # Expiration Date Drivers License State

Departmental Approval

Pin User Signature Date
Supervisor (Print Name) Supervisor (Signature) Date
GT Fleet Services Signature Date

* For Office Use Only

Pin Issuance Date