

**MIAMI-DADE COUNTY  
I.S.D. FLEET MANAGEMENT  
REQUEST FOR FUEL CARD  
EXTERNAL AGENCY**

<b>Outside Agency Name</b>					<b>Division/Section (if applicable)</b>			
<b>Transportation Coordinator</b>						<b>Phone Number</b>		
<b>Vehicle Information</b>								
<b>Year</b>		<b>Make</b>		<b>Model</b>		<b>VIN#</b>		
<b>PIN # (if applicable)</b>			<b>Fuel Type (UNL or DSL)</b>			<b>Tank(s) Size in Gallons</b>		
<b>Additional Pertinent Information or Description of Equipment</b>								

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**Transportation Coordinator Signature** **Date**

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By signing this, the fuel card user is accepting liability for any unauthorized use of this card.

**Internal Services Department  
Fleet Management Division Use Only**

<b>Vehicle Number Assigned</b>						<b>Fuel Card #</b>		
<b>Equip Type</b>	<b>7003</b>	<b>Shop</b>	<b>888</b>	<b>Status</b>	<b>SERV</b>	<b>Dept Code</b>		
<b>Chargeback Code</b>				<b>Owner Index Code</b>		<b>321158</b>	<b>Billing Basis</b>	<b>AA 4 2 2 2 2</b>

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**Fuel Supervisor Signature** **Date**