CREIGHTON UNIVERSITY
GAS CARD ASSIGNMENT FORM

Requested Card Type

☐ Internal Gas Card ISSUED TO: _____
Department

☐ External Gas Card

_____
Cardholder Printed Name

_____
Cardholder Signature

By signing this form, you will be responsible for the gas card issued to you. If the card is lost or misplaced, notify the Transportation Department immediately at extension 2396 as you will be responsible for all charges against the card until cancelled. This card must be returned to the Transportation Department immediately upon a transfer from your department or termination of employment.

ACCOUNT INFORMATION - please provide accounting information for all charges against this card.

FUND	ORGANIZATION	ACCOUNT
_____	_____	_____

☐ Grant Funds Involved

_____
Date Grant Expires

_____ _____
Department Head Approval Date

_____ _____
Vice President Authorization Date
(Necessary for Internal card Issuance)

_____ _____
Fleet Department Approval Date

GAS CARD # _____ _____
Internal External

Pin # _____

Please return this form promptly as this gas card will not be validated until all authorizations have been received by the Fleet Department.