



Transportation & Parking Services

The Ohio State University Off-Site Fuel Voyager Credit Card Application

Department Information (Please Type or Print in ink)

Contact Person		E-Mail Address		Phone Number	
Department Name			Area		Number of Cards Requested
Campus Address (Contact Person)			City		State
Room	Building	Street Address			ZIP Code
Fiscal Officers Name		E-Mail Address		Phone Number	
Campus Address (Fiscal Officer)			City		State
Room	Building	Street Address			ZIP Code

First row is required information. The second row is optional.

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Organization

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Fund

6	1	2	0	4
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Account

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Project

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Program

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User defined

The cardholder agrees to abide by all policies set forth in The Ohio State University Vehicle Acquisition and Use Policy, concerning the use of fuel credit cards. This card is authorized for fuel and emergency repairs to University vehicles only. The above department assumes responsibility for all charges made with this credit card. Any unauthorized use of this credit card may result in privileges being withdrawn. Exceptions to this policy must be approved by the Director of Transportation & Parking Services.

I have read the above policies and agree to the terms set forth.

Fiscal Officer Print Name

Department Head Print Name

Fiscal Officer Signature

Date

Department Head Signature

Date

Please fax completed form to: (614)688-4064

Do not mail & fax form. Duplicate cards would be ordered.