FLEET Card Application

University of Missouri
Email: Fleet@umsystem.edu

☐ Columbia ☐ System ☐ Kansas City ☐ S&T ☐ St. Louis ☐ Hospital

Vehicle Information

Vehicle Year _____ (4 digit year)

Vehicle Make _____ (Maximum 20 characters)

Vehicle Model _____ (Maximum 20 characters)

Vehicle Vin # _____ (Must be 17 characters)

Vehicle Description _____ (Maximum20 characters)

Vehicle Department _____ (Maximum 20 characters)

Vehicle License Plate _____ (Maximum 7 characters – will be embossed on Card)

Vehicle Odometer _____ (Maximum 6 characters)

Tank Capacity _____

MoCode _____ (Maximum 5 characters)

PS Account _____ (Maximum 6 characters)

City _____ (Maximum 25 characters)

State _____ (2 Character State Code)

Zip Code _____ (Use 5 digit Zip Code)

Does vehicle require a gas additive like DEF?   Yes _____   No _____

Fleet Card Contact Information

Vehicle Custodian _____

Business Phone ( ) _____

Email address: _____

Supply Chain USE ONLY

Profile 1 ( )   Profile 2 ( )   Profile 3 ( )

Dollars per Transaction $ _____   # of Trans/day   4 _____

As an individual with FIN Approval Authorization for the MoCode listed above for this vehicle, I authorize the submission of this application for card creation and understand transactions created from the use of this card will be included in activity that should be monitored in the Department's fiscal review of expenditures.

Authorized Fiscal Approver   Date

_____   _____