



FUEL CARD TRANSACTION LOG

XXXX-XXXX-XXXX-_____
Card Number (last 4 digits)

Department

Date	Unit #:	Driver ID/PIN#	Merchant Name	Receipt #:	Service Type (Gas/Diesel)	Amount (\$)
Total:						

I CERTIFY THE ABOVE LISTED FUEL SERVICE WERE PURCHASED AND RECEIVED FOR THE COUNTY'S USE.

Prepared by: _____ Date _____
(Site Administrator Signature)

Reviewed and Approved by: _____ Date _____
(Department Head/Elected Official Signature)

Reviewed and Approved by _____ Date _____
(Program Administrator Signature)

Reviewed/ Approved by _____ Date _____
(Auditing Department Signature)

The Statement, Receipt(s) and Log must be submitted to the Program Administrator weekly on Tuesdays.

NOTE: Please include all transaction receipts during the periods. Thank you.