UNM FCARD

MODIFICATION OF FCARD INFORMATION

Vehicle Unit #: _____ License: _____

Year: _____ Model: _____

Make: _____ Division: _____

Department: _____ Org Code: _____

UNM Mail Stop Code: _____ Campus: _____

UNM Phone: _____

Card Limits

Credit Limit (Dollar Limit Monthly):	$

Please select one of the following Fleet Card Restriction Groups

	$100	Per Trans	$200	Daily Limit
	$200	Per Trans	$400	Daily Limit

We, the undersigned, request the above vehicle be issued a Fleet Card based on the above information. We have read the Fleet Card Agreement and agree to all the terms and conditions stated therein.

	Signature	**Printed Name & Title**	**Date**
Dean, Director/Dept Head:	_____	_____	_____
Responsible Party's Supervisor:	_____	_____	_____
Responsible Party:	_____	_____	_____
Email:	_____		

DO NOT WRITE BELOW THIS LINE

Purchasing Approval: _____ Date: _____