

**UNM Fuel Card  
Modification of FCard Information**

Vehicle Unit #: \_\_\_\_\_ License: \_\_\_\_\_  
 Year: \_\_\_\_\_ Model: \_\_\_\_\_  
 Make: \_\_\_\_\_ Division: \_\_\_\_\_  
 Department: \_\_\_\_\_ Org Code: \_\_\_\_\_  
 UNM Mail Stop Code: \_\_\_\_\_ Campus: \_\_\_\_\_  
 UNM Phone: \_\_\_\_\_

**Card Limits**

Weekly Credit Limit:   \$ _____
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Please select one of the following Fuel 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. UNM Departments are ultimately responsible and accountable for all the activity that occurs on their FCard.

	<b>Signature</b>	<b>Printed Name &amp; Title</b>	<b>Date</b>
Dean, Director/Dept Head:	_____	_____	_____
Responsible Party's Supervisor:	_____	_____	_____
Responsible Party:	_____	_____	_____
Responsible Party Email:	_____		
Responsible Party Banner Id:	_____		

PCard Approval: \_\_\_\_\_ Date: \_\_\_\_\_