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

<table>
<thead>
<tr>
<th>Weekly Credit Limit: $</th>
</tr>
</thead>
</table>

Please select one of the following Fuel Card Restriction Groups

<table>
<thead>
<tr>
<th>$100 Per Trans</th>
<th>$200 Daily Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200 Per Trans</td>
<td>$400 Daily Limit</td>
</tr>
</tbody>
</table>

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.

Signature  Printed Name & Title  Date
Dean, Director/Dept Head: ____________________  ____________________  ______
Responsible Party’s Supervisor: ____________________  ____________________  ______
Responsible Party: ____________________  ____________________  ______
Responsible Party Email: ____________________
Responsible Party Banner Id: ____________________

PCard Approval: ____________________  Date: ________________