

Accounting Services

Fuel Card Log/ Payment Request Form

ASSIGNED CARD HOLDER/DEPARTMENTAL REP & DEPARTMENT INFORMATION

NAME	DEPARTMENT NAME	PHONE NUMBER
LAST 4 DIGITS OF CARD NUMBER	LOG PERIOD*	

FUEL LOG

Purchase Date*	Chrome River Preapproval ID**	Vendor	Location	Gallons Purchased	Receipt Amount
Total					

*All purchase dates must coincide with the log period
 **If Chrome River was not utilized, a copy of the Request for Travel should be maintained with original receipts.
 ***All original receipts must be maintained in departmental files and made available for review upon request.

FUNDING ALLOCATION

Fund	Organization	Account	Program	Amount
Total				

SIGNATURE

I HEREBY CERTIFY THAT ALL ITEMS INCLUDED ABOVE WERE NECESSARY IN CONDUCTING THE OFFICIAL BUSINESS OF RADFORD UNIVERSITY AND WERE INCURRED IN COMPLIANCE WITH UNIVERSITY AND STATE POLICIES AND PROCEDURES

Assigned Card Holder/Departmental Representative Signature	DATE
Assigned Card Holder/Departmental Representative Supervisor Signature	DATE

