Maintenance and Operating Supplies Reimbursement Form

* A $12.00 service charge will be applied to all preventable reimbursements.

Division of Fleet Operations
SERVICES ELEVATED

Vehicle Information

Vehicle #: _____ Gas Card #: _____

Employee Information

Name: _____ Address: _____

Office Phone: _____ _____

Cell Phone: _____ City, State, Zip: _____

Purchase Information

Date: _____

Vehicle Mileage: _____

Vendor Name: _____

Vendor Address: _____

_____

City, State, Zip: _____

Purchase Amount: _____

Price per Gallon: _____ *(fuel only)*

Explanation of Purchase: _____

_____

_____

_____

_____

_____

_____

Why wasn't ARI or GasCard used for the purchase?

_____

_____

_____

_____

_____

Signatures

Employee: _____

Supervisor: _____

Date: _____

In order to receive a reimbursement, please mail this completed form, with the original receipt, to the appropriate address.

Non-Fuel Reimbursement
Division of Fleet Operations
Attn: Paul Ferguson
P.O. Box 141117
Salt Lake City, UT 84114-1117

Fuel Reimbursement
Division of Fleet Operations – Fuel Network
Attn: Jeff Done
P.O. Box 141117
Salt Lake City, UT 84114-1117