

Maintenance and Operating Supplies Reimbursement Form



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

Vehicle Information

Vehicle #:	_____	Gas Card #:	_____
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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 VSC 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

