

State Fuel Network Vehicle Worksheet



Account Number: _____
 Agency Name: _____
 Address: _____
 City: _____ Zip _____
 Federal Tax ID #: _____

Contact Name: _____
 Phone Number: _____
 Fax Number: _____
 Email Address: _____

Important: For accuracy and faster completion of request, please make sure "all information" is filled out on this form.

Add = A Delete = D Change=C	Card Number (last 6 digits)	Vehicle Number	Vehicle Description Year/Make Model	License Number	Odo. Y/N	Fuel Type	Tank Size	# Fills - Day	# Fills per Mo.	Service \$ - Mo.	Supplies \$ - Mo	Department

24 HOUR GASCARD ANSWERING SERVICE
 Toll-Free: (800)678-3440
 Local: (801)538-3440

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