Division of Fleet Operations
SERVICES ELEVATED

State Fuel Network

Vehicle Worksheet

Account Number:
Shipping Address:
City an Zip Code:
Billing ELCID #:

Agency Name:

Contact Name:
Phone Number:
Email Address:
Shipping Method:

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

Add = A Replace =R Delete = D Change=C	Card Number 4 Digit-# (1234-1)	Vehicle Number	Vehicle Description Year/Make Model	License Number	Fuel Type	Tank Size	Per Month Gallons/$Supplies/$Service	Department

Email to: fuelrequests@utah.gov

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