



Fuel Key

ROUTING
TPS, MSC 3PAR
transport@nmsu.edu
Phone 646-7111
Fax 646-1756

Fill in the applicable information below. **All fields are required unless noted otherwise.** If making a change, indicate which item requires updating in the comments section. This information is required for all new or replacement keys effective 10-14-2008.

SECTION 1: REQUESTOR INFORMATION

Contact Name: _____ E-mail Address: _____ Phone: _____

Department/Shop: _____ Index Number: _____

SECTION 2: REQUEST DETAILS

- Add Comments: _____
- Delete
- Change
- Lost Key

Vehicle License #: _____ Vehicle Make: _____ Vehicle Model: _____

Current Odometer: _____ Vehicle Year: _____

Maximum Gallons of Fuel Needed: _____ Type of Fuel: Unleaded Diesel

Fuel Cans New Can Re-encode Total Number of Fuel Cans: _____

LIMITED USE SPECIAL REQUEST Date Expires: _____

Event to be used for: _____ (Required for Special Events External Rental)

Note: ALL fuel purchases require an accurate odometer/hour reading to be entered at the time of dispensing fuel at the NMSU pumps. Fuel cans require the actual fuel can number to be entered at the time of dispensing fuel at the NMSU pumps.

Will there be any traveling distance greater than 1,000 miles between fueling at NMSU? Yes No

Note: ALL authorized employees must have an NMSU ID and be authorized in the fuel system to utilize the fuel system.

SECTION 3: REQUESTOR SIGNATURE

Key Received by (Print Name): _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL (Required of all requests)

Signature authorizes fuel charges for the vehicle and index indicated.

Department Head (Print Name): _____ Signature: _____ Date: _____
or Delegate

SECTION 5: INTERNAL USE ONLY (Required of all requests)

Fleet Asset Management Authority (Print Name): _____

Signature: _____ Date: _____

Entered into Trak by: _____ on: _____, Trak Department #: _____