FLEET Card Application and Agreement

University of Missouri
Email: Fleet@umsystem.edu

☐ Columbia ☐ System ☐ Kansas City ☐ S&T ☐ St. Louis ☐ Hospital

All information must be filled in to process WEX Card application.

Vehicle Information

Vehicle Plate _____   Vehicle Vin Number _____
(Maximum 7 characters – will be embossed on Card)   (Must be 17 characters – unless pre-1981)

Vehicle Description _____   Vehicle Make _____
(Maximum 20 characters)   (Maximum 20 characters)

Vehicle Model _____   Vehicle Year _____   Vehicle Odometer _____
(Maximum 20 characters)   (4 digit year)   (Maximum of 6 characters)

Tank Capacity _____
(Maximum 6 characters)

Additional Fields

MoCode _____   PS Account   730900
(Maximum 5 characters)   (People Soft Acct - Fuel Only)

Vehicle Department _____   Does the vehicle require a gas additive like DEF? Y   N
(Maximum 20 characters)

Fleet Card Custodial / Contact Information

Vehicle Custodian: _____

EMPL ID #: _____   Email Address: _____

Business Phone: _____

Authorized Fiscal Approver Agreement

As an individual with FIN Approval Authorization for the MoCode listed above for this vehicle, I authorize the submission of this application for card creation and understand transactions created from the use of this card will be included in activity that should be monitored in the Department's fiscal review of expenditures.

Authorized Fiscal Approver	Date
_____	_____

Supply Chain USE ONLY

Profile 1 _____   Profile 2 _____   Profile 3 _____