



**GARAGE REPAIR AND FUEL SERVICE AUTHORIZATION**  
**Office of Physical Plant**

Purpose: The Garage Repair and Fuel Service Authorization form provides the Office of Physical Plant authorization to direct-bill the authorizing department for charges accumulated on Garage Work Order and for fuel purchases. This form is used to establish, change an existing, or delete Garage Repair and Fuel Service Authorizations at the Office of Physical Plant. Send completed form to 186A Service Garage, Physical Plant Building. Retain copies for department/FO purposes, as applicable. **NOTE:** If canceling a fuel card, send the card with the form.

**DIRECT BILLING AUTHORIZATION:**

Date \_\_\_\_\_ ☐ **New** (complete new section) ☐ **Change** (complete change section) ☐ **Delete** (complete delete section)

Department Name: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Vehicle Operator Name: \_\_\_\_\_

Vehicle Supervisor Name: \_\_\_\_\_

**NEW SECTION:**

**New Vehicle Information, Fuel Card or Fuel Card Replacement:**

Vehicle # \_\_\_\_\_ Fuel Card # \_\_\_\_\_ License Plate # \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Vehicle Type \_\_\_\_\_

Cost Object Type\* \_\_\_\_\_ Cost Object # \_\_\_\_\_

**CHANGE SECTION:**

**Change Budget Information** Please note: Changes will not be effective until the 1st day of the next billing cycle.

Vehicle # \_\_\_\_\_ Fuel Card # \_\_\_\_\_ License Plate # \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Vehicle Type \_\_\_\_\_

FROM Cost Object Type\* \_\_\_\_\_ Cost Object # \_\_\_\_\_

TO Cost Object Type\* \_\_\_\_\_ Cost Object # \_\_\_\_\_

**DELETE SECTION:**

**Delete Vehicle**

Vehicle # \_\_\_\_\_

**AUTHORIZATIONS:**

I authorize expenditures to this Garage and Fuel Service Order and these expenditures comply with University policies.

Sufficient funds will exist for these expenditures. These expenditures comply with University fiscal policies.

\_\_\_\_\_  
Budget Administrator/Executive

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Administrator/Executive Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Officer Signature

\_\_\_\_\_  
Date

\* If completing this form by hand, please indicate the Cost Object type in space below the drop-down list