

WEX Fleet Fuel Card - Authorization for Payment

Note: Supporting receipts or packing slips with manager approval must be submitted to Accounts Payable within 3 business days of purchase. *[All fields are required.]*

Purchase Date: _____

Purchased By: _____

Department: _____

Phone: _____

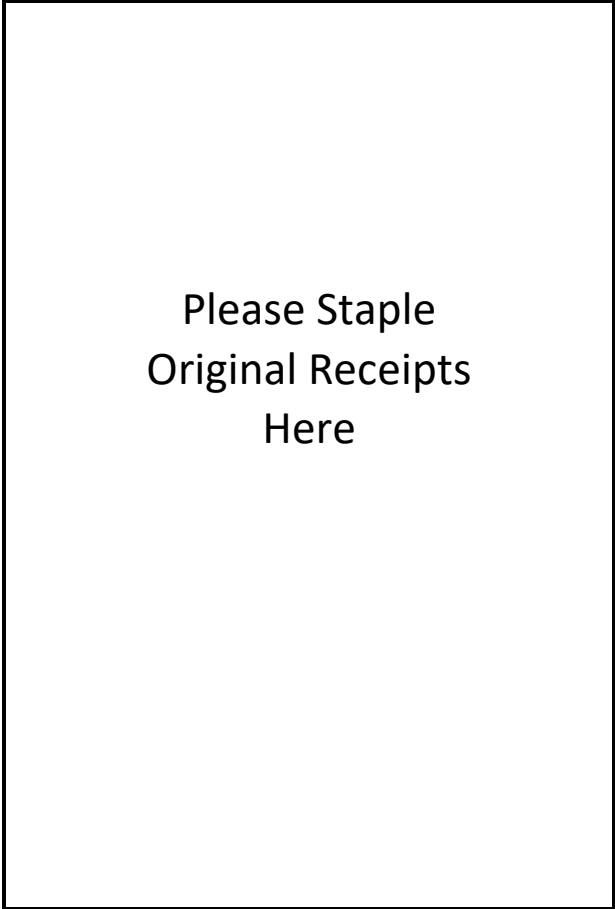
Blanket P.O. #: _____

Card #: _____

AMOUNT: _____

Indicate Store #: _____

ATTACH ITEMIZED RECEIPT



Brief Description of Items: _____

Management approval:

All items have been verified on the attached receipts and are required for District purposes. All items have been received by the appropriate department. I authorize payment.

Manager Name: _____

Dept / Location: _____ Phone: _____

Manager Signature: _____

Date: _____