



DEPARTMENT FUEL CARD REQUEST

Date: _____ Department _____ Budget #: _____

BUDGET SIGNATURE AUTHORITY

Printed Name: _____ Signature: _____

DEPARTMENT CARD

Department Card Custodian: _____ MS: _____ Phone: _____

Route request to Renee Harrison MS 1016 or renee.harrison@ccs.spokane.edu

Allow two (2) weeks for card to arrive.

In the event your card is lost or stolen:

1. You must contact Renee Harrison immediately at 509-533-8626 or 509-270-1338 to deactivate the card.
2. You must submit a new fuel card to replace the card.