



Maintenance and Operating Supplies Reimbursement Form

* A \$12.00 service charge will be applied to all preventable reimbursements.

Vehicle Information

Vehicle #: _____	Gas Card #: _____
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Employee Information

Name: _____	Address: _____
Office Phone: _____	_____
Cell Phone: _____	City, State, ZIP: _____

Purchase Information

<p>Date: _____</p> <p>Vehicle Mileage: _____</p> <p>Vendor Name: _____</p> <p>Vendor Address: _____</p> <p>_____</p> <p>City, ST, ZIP: _____</p> <p>Purchase Amount: _____</p> <p>Price Per Gallon: _____ (fuel only)</p>	<p>Explanation of Purchase: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Why wasn't ARI or GasCard used for the purchase?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Signatures

Employee: _____
Supervisor: _____
Date: _____

In order to receive a reimbursement, please mail this completed form, with the original receipt, to the appropriate address:

Non-Fuel Reimbursements
Division of Fleet Operations
Attn: Paul Ferguson
P.O. Box 141117
Salt Lake City, UT 84114-1117

Fuel Reimbursements
Division of Fleet Operations – Fuel Network
Attn: Jeff Done
P.O. Box 161160
Salt Lake City, UT 84114-1160