



WEX Fuel Card PIN Request, Transfer and Attestation Form

New PIN Request

Department Transfer Out (Remove PIN Authorization)

Your department has requested a Personal Identification Number (PIN) for the following purposes:

- a) Fueling UAMS fleet vehicles
- b) Small maintenance on fleet vehicles (oil changes, car washes, etc.)

By signing this agreement, you acknowledge that you understand and will comply with all of the UAMS Fuel Card guidelines. I understand and agree to the following terms and conditions regarding the use and safekeeping of the PIN entrusted to me:

- 1) I accept full personal responsibility for the safekeeping of the PIN # assigned to me, and that absolutely no one, other than myself, is permitted to use the PIN assigned to me.
- 2) I will not use the PIN associated with the Fuel Card for non-UAMS related expenses, unauthorized purchases, or for personal purchases.
- 3) I will immediately report any suspicious activity associated with my PIN to my supervisor and UAMS Fleet Management (Fleet@UAMS.edu and 501-296-1918).
- 4) I understand that I am personally responsible for obtaining and providing receipt of purchases where the fuel card was utilized to my department representative who approves these charges.
- 5) I understand that any purchases made by me will be recorded and reviewed in management reports.
- 6) I understand that failure to follow any of the above listed terms & conditions or if found to have misused the PIN assigned to me in any manner may result in:
 - o Revocation of the privilege to utilize a PIN
 - o Disciplinary action
 - o Termination of employment

You further acknowledge that you have read and understand this summary in its entirety. This signature authorization form will be kept in a Vehicle Information file by the Department.

I, _____, hereby accept the above terms and conditions for use of a PIN for fuel card purchases.
Employee signature

I, _____, hereby give permission to add this employee to my department's fuel card profile.
Department Fleet Administrator or Supervisor signature

Date	Employee Name	Employee e-Mail Address	Employee ID Number
Date	Department Fleet Administrator or Supervisor	Department	Phone Number