

Driver Fleet Card Application

**University of Houston
Accounts Payable**

Date: _____

Department: _____ College/Division: _____

Driver Information:

Driver Name: _____

EmplID: _____

Email Address: _____

I have read the fleet card guidelines and understand the requirements and the driver responsibilities.

Driver Signature: _____

Dollar limit per billing cycle (\$1,000/billing cycle default): _____

Number of transactions per day (3 transactions/day default): _____

Dollar limit per day (optional): _____

Purchase time restriction (optional): Card purchases only between the hours of _____ and _____

Purchase day restriction (optional): Card purchases only on these days _____

Business Contacts for the card:

EmplID	Name	Email	Phone

I have read the fleet card guidelines and understand the requirements and the College/Division Administrator responsibilities. The above driver is authorized to drive vehicles for UH business per MAPP 06.05.03.

Approved by: _____
College/Division Administrator's Signature Date