The University of Oklahoma Health Sciences Center
Motor Pool
Fueling Authorization Form

☐ New User ☐ User Revision ☐ User Deletion

User's Name:_____
Last First Middle Initial

OK DL #:_____ EXP DATE: _____ PS EMPID:_____

OUHSC Department Name:_____

Campus Address (ex. SCB 144):_____Phone #_____

Please designate a departmental central point of contact.

Contact Name:_____
Last First

Campus Address:_____ Phone #_____

By signing, you agree to follow all University policies related to operating and fueling University owned equipment and vehicles.

User's Signature:_____ Date:_____

By signing, you authorize the user to obtain fuel at the OUHSC Motor Pool and for the cost of that fuel to be charged to your department.

Department Head Signature:_____ Date:_____

Return completed form to the Motor Pool Office or fax to 271-2303.