

University of Louisville Fuel Card Program

a partnership with WEX

Vehicle Coordinator Agreement Form

Your participation in the University of Louisville (UofL) Fuel Card Program carries responsibilities as the vehicle coordinator. Fuel Cards are considered property of UofL and must be used in accordance with UofL's fuel card policies and procedures. Your signature verifies that you understand and agree to comply with the following:

1. Ensure a timely monthly reconciliation of each card (comparing receipts with the weekly reports) assigned to your department.
2. Maintain all receipts and weekly reports for three years.
3. Complete the new card and/or new driver PIN request form(s) and send them via email to procard@louisville.edu. These forms are to be used to request additional and/or replacement cards and to create or delete PIN numbers.
 - a. The vehicle coordinator will be required to sign for the card at the time of pickup. If the vehicle coordinator cannot be present at the time of pickup, a request must be made in writing to the ProCard Office, procard@louisville.edu.
4. Immediately cancel PIN numbers for drivers who no longer have a need to fuel a vehicle (i.e. termination/resignation, transfer to another department, change in job responsibilities, etc.)
5. Immediately cancel cards that are lost/stolen or those that are assigned to vehicles that are no longer in service.
6. Periodically monitor odometer readings to ensure the appropriate mileage is being entered at the time of sale.
7. Report any potential misuse to ProCard Office immediately. The fuel card is not to be used for personal vehicles or for non-business purposes. Using the fuel card for any purpose other than official business will be considered theft of UofL property.
8. If a vehicle is sold or surplus, destroy the fuel card and send the ProCard Office a [Fuel Card Certificate of Destruction](#).
9. Report lost or stolen cards immediately.
10. Periodically reviews the fuel card policies, procedures and responsibilities to ensure all drivers are aware of the policies.

Department Name _____

Coordinator Name _____

Coordinator Signature _____

Date _____