



Office of Fleet Management Fuel Can Request Form

To Be Completed by Requestor

PLEASE COMPLETE THIS FORM AND EITHER BRING TO 3900 RICHMOND STREET OR FAX TO 215.685.1233 ATTN: JOE ROSATI

Position /Title	Department	Division	Sub Division

Employee Name <small>EMPLOYEE RESPONSIBLE FOR FUEL CANS</small>	
Employee Payroll Number	
Cell Phone Number	
Work Address	
Work Phone Number	
Fuel Can Capacity <small>ONLY D.O.T. APPROVED TYPE II CANS WILL BE ACCEPTED</small>	<input type="text"/> Gallons
Type of Fuel <small>PLEASE CHECK TYPE OF FUEL PER CAN</small>	<input type="checkbox"/> Unleaded <input type="checkbox"/> Diesel
How often will you need to fill the fuel can? <small>IF YOU NEED TO FILL THE CAN ONCE A DAY CHECK DAILY.</small>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Total Number of cans <small>NUMBER OF CANS PER THIS REQUEST</small>	
Justification: Please explain what this fuel will be used for.	

I have review and verified this request.

Signature (Employee) and Date

Signature (Department/Division Head) and Date

To Be Completed by the Office of Fleet Management

Approved	Disapproved	RF ID #	Date	Signature