

“ATTACHMENT B”

**SAN MIGUEL COUNTY FUEL CARD AGREEMENT**

**PURPOSE: San Miguel County offers a Fleet Fuel Card Program to establish a more efficient, cost-effective method for obtaining vehicle and equipment fuel for County-owned vehicles used for official business.**

I, the undersigned, as a San Miguel County Fuel Card User and responsible party, agree to comply with the terms and conditions of this Agreement and all applicable San Miguel County Policies and Procedures including but not limited to the Vehicle Use Policy and San Miguel County Fuel Card Program Policy.

I acknowledge that I have read and understand the above-mentioned Policies and Procedures.

I understand that the San Miguel County Fuel Card shall not be used for personal items or purchases and that the Fuel Card may only be used to purchase fuel for San Miguel County vehicles and equipment.

I understand each county vehicle/equipment has a fuel card that I can use with the PIN assigned to me.

I further understand that improper use of the San Miguel County issued PIN may result in disciplinary action, up to and including termination of employment. Should I use my PIN or knowingly allow others to use my PIN for fueling a non-County vehicle or for personal items, I authorize San Miguel County to deduct from my pay an amount equal to the total of the personal purchases.

I understand the County may terminate my San Miguel County Fuel Card privileges at any time for any reason without giving me notice of such termination of privileges.

I agree to notify the Finance Director immediately of any problems with the San Miguel County Fuel Card, if it has been lost or stolen or if my PIN needs to be changed.

I agree to return the San Miguel County Fuel Card immediately upon request.

USER/Name \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Department Head/Elected Official: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCE DIVISION/MANAGER'S OFFICE USE ONLY**

Finance Supervisor: \_\_\_\_\_  Approved  Denied

Date: \_\_\_\_\_

Card Account: \_\_\_\_\_ Card Number \_\_\_\_\_

Issue Date: \_\_\_\_\_ Notes: \_\_\_\_\_

County Manager: \_\_\_\_\_ Date: \_\_\_\_\_