



STATE OF GEORGIA - FUEL CARD PROGRAM

RED CARD PURCHASE LOG

Department: _____				Unit Name: _____					
Card #: _____				Month Ending Date: _____					
Primary Operator: _____				Supervisor's Name: _____					
List Secondary Tank/Can: _____									
<i>Note: Red Cards are to be used for secondary storage tanks or portable cans only. See State Fuel Card Standards and Guidelines.</i>									
Fuel Purchased:							Fuel Dispensed:		
Date	Vendor	City	Operator Initials	Type	Quantity	Amount	Date	Quantity	Equipment ID/Descript.
Date: _____				<div>I certify that all purchases shown above were made on behalf of a Georgia state agency, for official state business, and that they comply with the established procedures for using the fuel card. I understand that the use of any State of Georgia fuel card for unauthorized purchases including personal purchases is prohibited and could result in disciplinary action, including termination of employment and/or prosecution.</div> <div>Operator's Signature: _____</div> <div>Supervisor's Signature: _____</div>					
Attach receipts to back of this form.									
FUEL TYPE: Gasoline (G), Diesel (D), Other (O) – Provide details below. Other = _____									