



Gas Card Application Form

GAS CARDS ARE FOR PERMANENT EMPLOYEES ONLY (not Emergency or Temporary); GAS CARDS MAY ONLY BE USED FOR FOR NMT VEHICLES

All signatures must be obtained prior to submitting this form to the Purchasing Department at purchasing@nmt.edu. Please send questions to the same email address.

Cardholder Legal Name _____
(To be embossed on card)

Cardholder Email Address _____

Cardholder Office Telephone # _____

Department Name _____

Default Index and Account Code _____ / 710205 (Auto Repair and Gas)

Campus Mailing Address Bldg.: _____ Room# _____

Cardholder Signature _____ Date _____

Approver Name _____

Approver Signature _____ Date _____

Director/Department Head Name _____

Director/Department Head Signature _____ Date _____

President/Division Vice President Name _____

President/Division Vice President Signature _____ Date _____

Note: Preset Card Limits are \$500 per transaction and \$4,900 per monthly limit