

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CENTRAL SERVICES DIVISION
201 W. Preston Street, Baltimore, Maryland 21201**

REPORT

FUEL PURCHASES MADE OUTSIDE THE STATE'S FUEL MANAGEMENT SYSTEMS

Drivers Name: _____ **Date:** _____

Office/Unit: _____ **Phone #:** _____

Vehicle Tag #: _____ **Reimbursement Amount \$** _____

Acknowledgement :

I am aware that it is my responsibility as a driver of a State owned vehicle to ensure that all required documents are with the vehicle prior to operation. I am also aware that "State vehicles should obtain gasoline/oil from the Statewide Automated Fuel Dispensing and Management System except for emergencies or rare unusual instances when such use is not possible" (Ref: State Vehicle Fleet Policies and Procedures para. 12.01, July 2002).

Briefly describe reasons for reimbursement: (Attach copy of fuel/oil receipts to this letter)

The driver certifies he/she has read and understands the General Rules for Drivers of State Vehicles.

Driver's Signature: _____ **Date:** _____

Office/Unit Head Authorization Approval: _____ **Date:** _____

Fleet Management concur/nonconcur: _____ **Date:** _____

Note: An Expense Report or Disbursement of Petty Cash Report and Fuel/Oil Receipts must be attached to this report prior to submission to accounting.