



VOYAGER FLEET CARD REQUEST FORM



Please
Check One

New	Replacement *	Transfer**	Cancel *
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Requestor Information

Name (Last, First name)	
Employee ID	
Department Name	
Phone Number	

Card Number # _____

*For replacement, transfer, & cancelled card

* Replacement Card (Check one below)
<i>Lost</i>
<i>Compromised</i>
<i>Damaged</i>
<i>Other</i>

Vehicle Information

Year/Make/Model	
State Tag Number	
VIN # (17 Digits)	
Vehicle Number (Assigned by Physical Plant)	
Department/ Location Vehicle assigned	
Department/Project number to be charged	

- If card fails at pump, please dial 1(800)- 987-6591, an incorrect PIN may have been entered

*** All replaced/ cancelled card's must be returned to UCF**

Please submit to following address: **UCF Finance & Accounting**
12424 Research Parkway, Suite 300
Attn: PCARD
Phone #: (407)882-1000

** Transfer/ Location Change:

Department transferred to: _____ Date of Transfer: _____

Contact # of new department/location: _____

New Department/ Project # to be charged: _____

Signature of New Dept: _____

For F & A Use Only

Card Number: _____

Issued to: _____

_____ *Date*

_____ *Signature*