

USC

UNIVERSITY
OF SOUTHERN
CALIFORNIA

**Internal Requisition
Transportation Services Gas Card**

Requested by _____ Date _____
(Print Department Name)

Account No./Object Code _____ Monthly Credit Limit _____

Signature _____
(SBO Required)

Contact _____
(Person - Extension - Location)

Vehicle Number _____ License Plate Number _____
(university assigned number)

VIN _____
(vehicle identification number)

Expenditure Card Stamp - (SBO Required)

USCard Office Use Only

Processed by _____ Date _____

USCard Account Number _____

July _____ Aug _____ Sept _____ Oct _____ Nov _____ Dec _____

Jan _____ Feb _____ Mar _____ April _____ May _____ June _____