

**Fuel Card Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby recommend that \_\_\_ (number) BANK, Fuel Cards be issued to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Location/Unit). The cards should be issued to the staff members listed below.

The Location/Unit’s monthly spend on the Fuel Account will be limited to €\_\_\_\_\_\_\_\_\_\_\_ (Amount) and individual limits will apply as detailed below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME | TITLE | TRANSACTION LIMIT | MONTHLY CARD LIMIT | CASH WITHDRAWAL ALLOWED | INTERNET PURCHASES ALLOWED |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Recommended by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Head of Service/Functions, CHOs or Equivalent Grade or Officer Designate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_