

TULARE COUNTY OFFICE OF EDUCATION FUEL USE AGREEMENT

Employee Acknowledgement Letter

Please review the terms stated below, sign, and return to: General Business Services.

1. I agree to use the Gas Card only for **actual and necessary FUEL expenses** incurred by me.
The Gas Card will be returned to a secure TCOE location at the end of each business day.
2. I agree that **the Gas Card is used only for TCOE VEHICLES. The card is NOT TO BE USED FOR PERSONAL VEHICLES.**
3. **If the Gas Card is lost or stolen, I will immediately notify the General Business Services department at 559-739-0320 x1205.** I understand that failure to promptly notify the issuing bank of the loss, theft, or misplacement of the Gas Card could make TCOE responsible for any misuses of the card. I understand that my privileges will be withdrawn if I cannot adhere to the terms outlined above.
4. **By signing below, I, the employee of TCOE hereby acknowledge receipt of and understanding of the TCOE SOP for vehicle use and the above terms and conditions of the TCOE FUEL USE AGREEMENT.**

Employee Card User

Card User's Name: _____

Department/Location: _____

Work phone #: _____ Home phone #: _____

Card User's Signature: _____ Date: _____

Card User's Supervisor: _____

Supervisor's Signature: _____ Date: _____