

City of New Orleans Fuel Dispensing Exception Report

(To be completed by the employee that dispensed the fuel)

Operator name (Print): _____

Department: _____ City vehicle asset number: _____

Last seven digits of the fuel card used to fuel the vehicle: _____

PIN used to complete transaction: _____

Date of fueling: _____ Location of fueling: _____

Explanation of why the vehicle was fueled with a fuel card other than its own and/or why a different PIN other than the one assigned to the vehicle's operator was used to complete the transaction:

To be completed by Department Vehicle Coordinator

Date this report form was submitted to you: _____

Additional comments:

Vehicle Coordinator signature: _____

Fuel Services Administrator signature: _____ Date: _____