

To: University Stores Scan to: <u>usop02@lsu.edu</u> Fax to: 225-578-6789

Date:		
Department:		
Requester:		
•	Name	Phone
AUTHORIZED US		
□ New	Name	
	t # LSU Account Code *	
Delete	Proj Code (if appl)	
* All charges made	by the authorized user will be	billed to the LSU account code identified.
VEHICLE	Vehicle Descrip	
Change	License Plate N	
Delete	LSU Prop Tag N	umber
Cards can be issued fo	I/Damaged Vehicle Fuel Ty r University business rental cars or § 578-6086 to discuss your specific re	grounds keeping equipment/gas cans, contact University
NOTE: Vehicle card li	mits of 3 transactions per day and \$1 requires other limits, please de	,000 per month are the default. If your University mission etail in the comments section.
Comments:		

Authorized by: (Department Head)

Printed Name

Signature

Title