

Tightwad Fire Protection District
Fleet Fuel Program User Agreement Form

I, _____ (Employee Name), hereby acknowledge authorization to use the Tightwad Fire Protection District (District) Fleet Fuel Program. I agree to comply with the following terms and conditions relating to my use of the Fleet Fuel Program.

1. I understand that I am being entrusted with the Fleet Fuel Program, a valuable tool that I will wisely and discretely use to obtain the best value for the District.
2. As an authorized User, I agree to comply with the terms and conditions of this Agreement and with the provisions of Fleet Fueling Policy #886 for which I have read and understand its terms and conditions and have access to in electronic format.
3. I agree to use the Fleet Fuel Program card for official District business purchases only and understand that I will be held personally liable to the District for all prohibited purchases I make using the Fleet Fuel Program card, e.g., personal expenditures; cash refunds or advances; sales tax; alcohol; split purchases; etc.
4. I fully understand that improper or fraudulent use of the Fleet Fuel Program will result in revocation of the Fleet Fuel Program and appropriate disciplinary action which may include termination of my employment.
5. I agree to substantiate every Fleet Fuel Program purchase by providing adequate source documentation.
6. If there are unauthorized purchases on the Fleet Fuel Program card assigned to me, I agree to repay the amount in its entirety, including any overdue fees and interest.
7. I agree to make every reasonable effort to resolve merchant disputes involving the Fleet Fuel Program and agree to notify the District Treasurer as soon as possible of all unresolved merchant disputes involving the Fleet Fuel Program.
8. I agree to immediately notify the District Treasurer if a Fleet Fuel Program card is declined—a potential indication of third-party fraud.
9. I agree to immediately notify the District Treasurer if the Fleet Fuel Program card is lost or stolen.
10. I understand that the District may terminate my right to use the Fleet Fuel Program card at any time for any reason. Should I qualify for extended leave or use of the Fleet Fuel Program is no longer necessary because of a change in my job duties, I also agree to immediately return any Fleet Fuel Program card in my possession.

Agreed and accepted this _____ day of _____, 20_____.

Cardholder:

District:

SIGNATURE

DISTRICT TREASURER SIGNATURE

PRINT NAME

DISTRICT TREASURER NAME

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DO NOT PRINT

REVISION HISTORY

Revision Date	Author	Revision Details
August 4, 2021	Monte Olsen	Initial version