

**University of Louisville
Fuel Card Certificate of Destruction**

This document certifies that the fuel card listed below or the attached list of cards has/have been destroyed.

Department Name _____

Fuel Card # _____

Card Expiration Date _____ License Plate # _____

Reason for Destruction _____

I certify that I destroyed the above referenced fuel card, or the fuel cards on the attached list, today.

Signature of Person Who Destroyed Card

Date

I certify that I witnessed the destruction of the referenced fuel card(s) today.

Signature of Witness

Signature of: UBM, Department Head, **OR** Department Chair

Please forward completed form to:

Charlotte Numann
Fleet Fuel Program
Houchens Building, LL08K
2211 South Brook St.
Louisville, KY 40208

DO NOT SEND THE DESTROYED CARD TO THE PROCARD OFFICE
