

**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:

Jennifer Steier  
Fleet Fuel Program  
Houchens Building, LL05  
2211 South Brook St.  
Louisville, KY 40208

**DO NOT SEND THE DESTROYED CARD TO THE PROCARD OFFICE**

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