



GDOT Publications Policies & Procedures

Form Word: DOT3306 - Fuel Card Agreement
Section: Purchasing Procedures
Office/Department: Office of Procurement

Reports To: Deputy Commissioner
Contact: 404-631-1000

See [below](#).



Fuel Card Agreement

I, _____ (print name), agree to the following regarding my use of any State of Georgia fuel card:

1. I have completed the Department of Administrative Services (DOAS) Statewide Fuel Card Standards and Guidelines for Drivers Policy acknowledgement certification and have received access to the GDOT Fuel Card Policies and Procedures Manual, either in print or electronic form on the fuel card use and policies; and understand the requirements for using the fuel card.
2. I understand that I will make financial commitments on behalf of the State of Georgia Department of Transportation and obtain best value for the State when making purchases with the Fuel Card and will follow all Department and State of Georgia purchasing requirements as they relate to the State of Georgia fuel card.
3. I understand that I am to take measures to protect the fuel card against loss, theft, or damage, always maintaining security of cards, account numbers, and expiration dates. If loss, theft, or damage occurs, I will report it immediately to my district/office Fuel Card Processors or Card Administration.
4. Under no circumstances is an employee permitted to use the Fuel Card for personal purchases including fuel for personal and non-State owned vehicles. Such use will result in disciplinary action, up to and including termination from State employment and criminal prosecution. O.C.G.A. §50-5-80 provides for criminal penalties for misuse of a state fuel card. Any employee who knowingly uses the card for personal purchases under \$500 is guilty of a misdemeanor. An employee who knowingly uses the card for personal purchases of \$500 or more is guilty of a felony punishable by one to 20 years in prison. Supervisors or other approving officials who knowingly, or through willful neglect, approve personal or fraudulent purchases are subject to the same disciplinary actions as fuel card users.

5. I also understand that the monthly invoice from the fuel card provider will indicate my name as the responsible party if my PIN is used. I will follow established procedures for using the fuel card, including responding to Fuel Card Processors inquiries of monthly transactions posted to the GDOT WEX Card Account within a timely manner, so that reconciliation can be completed within the established deadlines.
6. I further agree to cooperate with any Department of Transportation, Department of Administrative Services and Inspector General Office employee engaged in auditing or otherwise investigating use of the fuel card.
7. I understand that use of the PIN serves as an electronic signature of the person to whom it is issued, and the driver will always maintain their PIN. I will not reveal my PIN either in writing or verbally, to any other party, including other employees and merchants. The sharing of PINs by multiple users is strictly prohibited.

Send all Fuel Card Agreement Forms DOT 3306 to fuelcard@dot.ga.gov email box.

Signatures:

Employee Signature: _____

Employee Email Address: _____

Supervisor Name (Print): _____

Supervisor Signature: _____

Date Signed: _____

Employee ID: _____

Job Title: _____

Phone Number: _____

District/Office Location: _____

Department ID: _____

PIN/ID (Six 6 Digit #): _____

Alternative (Six 6 Digit #): _____

Original – Department Card Administrator; Copy – Employee’s Personnel; Copy – Processing Center File

How to complete the Fuel Card Agreement (DOT 3306).

1. Your Name: First, middle initial, last name. (Please print clearly). No Nicknames.
2. Your Signature.
3. Your Email Address
4. Supervisor's Name: First, middle initial, last name. (Please print clearly).
5. Supervisor's Signature.
6. Date Fuel Card Agreement signed.
7. Employee ID.
8. Job Title.
9. District/Office Location: Example (District 1)
10. Department ID is 484XXXXXXX (same number as on WFTK timecard).
11. PIN/ID #: Example (Six 6 digits PIN that starts with the number of 2 to 9, as numbers that start with 0 and 1 are being exhausted in WEX). The following number combinations are no longer valid in WEX (vehicle, telephone, SS#, repeating #, sequential #, birthday or employee ID).
12. Alternative #: Use if primary PIN/ID# already in use. (Six 6 digits PIN that starts with the number of 2 to 9, as numbers that start with 0 and 1 are being exhausted in WEX). The following number combinations are no longer valid in WEX (vehicle, telephone, SS#, repeating #, sequential #, birthday or employee ID).

Fuel Card Agreement must have driver's/supervisor's signature for employees under their supervision. In case of supervisor's absence, review by the next level authority is required to ensure proper processing.

Once completed, it is recommended that the Fuel Card Agreement Form be submitted to the District Administrative Office, Fuel Card Coordinators for accuracy. Upon review, the form should be forwarded to Card Administration, 19th Floor in the General Office. For the General Office, forward the Fuel Card Agreement Form to Card Administration, 19th Floor for review.

Inaccurate/incomplete forms submitted to Card Administration in the General Office may delay the employee's access to the State of GA fuel card.

DOT3306
Rev: 10/27/21

References:

None.

History:

annual review: 12/01/23;

copied to GDOT Publications v.02.00.00: 03/30/12