



A 100-Year Legacy • A Future of Possibilities

Voyager Fuel Card Document in Lieu of Missing Receipt

Please specify a **designated account** to use for this transaction: _____

Transaction Information:

Vendor Name and Address: _____

Vendor Representative and Phone #: _____

Transaction Date: _____ Total Amount: _____
mm/dd/yyyy

Itemized Fuel Transaction Description:

Type of Fuel: _____ Quantity: _____ Gallons Price per GAL: _____

*Diesel-DEF also purchased: DEF Quantity: _____ Gallons Price per GAL: _____

Reason:

Card Information:

Department: _____ Vehicle #: _____ Voyager Card #: _____

(6 Digit Card ID #)

Certification:

I certify that the above stated information is accurate and the charge was made during the conduct of business for Texas A&M University – Kingsville. ***I also certify that every attempt was made to obtain the itemized receipt and those efforts were documented.***

Driver's Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Dean Approval: _____ Date: _____

This form will now be used as the itemized receipt for this transaction. If you have any questions, please contact your Department's Fleet Coordinator or the Fleet Specialist at Support Services (361) 593-2145.