Department:

WEX Department Administrator:

WEX Card Number:

Vehicle Number (Plate):

Closing Statement Date:

Fulkton County Account Number:

			Gallons of			
					WEX Purchasing	
Date of		Fuel Type (
	Vendor			Fuel Cost		Comments
			,			
	Date of Fueling	I			Date of Fuel Type ((amount	Date of Fuel Type ((amount WEX Purchasing Activity

To the best of my knowledge, I certify that the above Fuel Purchasing Log is consistent with all pertinent Fulton County policies and procedures and all supporting documentation is attached.

I have reviewed and/or reconciled the WEX statement and supporting documentation and believe that they are accurate and complete.

Department WEX Administrator & Date:	