

Monthly Site Fuel Volume in Gallons\* \_\_\_\_\_

**Delivery Location/Contact Information**

Company Name: \_\_\_\_\_ Jobsite Name: \_\_\_\_\_

Site Location Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Site Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Additional Information (any notes)

Fuel Type Request: (Check all that apply)	Off Road Diesel	On Road Diesel	DEF
Check All That Apply*    Delivery to Tank	Delivery Direct-to-Equipment	Delivery to Generator	

**Fuel Delivery Schedule\* (Check All that apply)**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Call-in Basis	Yes    No					
Fuel Delivery Window* (i.e. 8:00am-4:00pm) _____						

**Equipment Information (only if fueling equipment)**

Total Pieces of Off Road Equipment \_\_\_\_\_

Total Pieces of On Road Equipment \_\_\_\_\_

**On-site Storage Fuel Tank Information**

Total Number of On-Site Storage Tanks \_\_\_\_\_

Tank Size(s) \_\_\_\_\_

**Job Site Information**

Job Site Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

**Fuel Specialist**

Name: \_\_\_\_\_

**FOR INTERNAL INFORMATION PURPOSES ONLY**

**Dispatch Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Directions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

**PO REQUIRED    YES    NO**

**PO TYPE:** \_\_\_\_\_