

**KANSAS WING CIVIL AIR PATROL
AUTO FUEL CREDIT CARD USAGE STATEMENT OF UNDERSTANDING**

1. PERSONAL DATA

Last Name, First Name, Middle Initial	CAPID	RANK	Charter Number NCR- KS-
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2. AGREEMENT

By signing below, I attest to the following:

- A. I have read and understand the Kansas Wing (KSWG) Auto Fuel Credit Card (the Card) Policy Letter.
- B. I understand that the card may be used only for the corporate owed vehicle fuel purchases for the vehicle to which the card is assigned.
- C. I agree to use only my assigned PIN number and properly report the vehicles current odometer reading each time the card is used.
- D. I understand the information that I must supply and the reporting procedures I must follow each time I use the card.
- E. I understand that if the fuel is not properly charged to a mission, my unit (chartered squadron or flight) will be charged and I will responsible for any necessary reimbursement.
- F. I agree not to divulge or otherwise share my personal PIN number with anyone and that I am responsible for all purchases made with my PIN number.
- G. I understand that use of the card for any purpose other than as authorized in this agreement constitutes fraud and will result in appropriate legal and/or administrative action in accordance with CAP policy and regulations.

(Each member will read & complete this statement of understanding before being issued a PIN number and activated to use the Kansas Wing Auto vehicle credit card. A copy of this signed statement will be maintained in the Kansas Wing Headquarters by the Wing's Administrative Assistant or Wing Finance Officer.)

Members Signature: _____

Date: _____

Members Requested 4 digit PIN number ____ ____ ____ ____

3. UNIT COMMANDERS APPROVAL

I approve & authorize the issuance of a PIN number for this CAP member and authorize him/her to use of the Kansas Wing auto fuel credit card. I understand that the squadron will be responsible for all charges on this card that are not properly charged to an assigned mission. I agree to notify the Kansas Wing Finance Officer if the status of this individual changes and this approval is rescinded.

Unit/CC's Name: _____ Charter #: NCR-KS-

Unit/CC's Signature: _____ Date: _____

Forward the completed form to Wing Administrative Assistant at Wing HQ at:

jferguson@capnhq.gov

Do not keep a copy in Squadron Personnel or other files.

Instructions for filling out a KSWG 2

Note: The first two sections are to be filled out by the member that is requesting the use of the card

Section 1.

Block 1. Print your Last Name, First Name and Middle Initial

Block 2. Print your CAP ID Number

Block 3. Print your CAP Rank

Block 4. Print your Unit Charter Number

Section 2.

Block 1. Members Signature – Sign your name

Date – put in the current date – MM/DD/YY

Block 2. Choose four numbers that you can remember, print one number per lined space

Section 3.

Note: This section is to be filled out by the Unit Commander

Block 1. Unit Commander – Print Unit Commander's name

Block 2. Unit Charter Number

Block 3. Unit Commander's Signature

Block 4. Date – put in the current date – MM/DD/YY