WEX Monthly Log

Department:
WEX Department Administrator:
WEX Card Number:
Vehicle Number (Plate):
Closing Statement Date:
Fulkton County Account Number:

Driver Name	Date of Fueling	Vendor	Fuel Type (D or U)	Gallons of Fuel (amount pumped)	Fuel Cost	WEX Purchasing Activity Statement	Comments

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: _____