MISSISSIPPI STATE
U N I V E R S I T Y ™

Request date: _____

Department: _____ Phone: _____

Requestor: _____ Email: _____

Department Information ( ) Establish New Dept ID ( ) Update Current Dept ID Info ( ) Terminate Dept ID	
Department Name:	
Fuel Station Dept ID (if available):	
Contact Name/ Title:	
Address:	
Mailstop:	
Phone:	
Fax:	
Email:	

Vehicle Information ( ) Add new vehicle ( ) Update current Vehicle Info ( ) Remove Vehicle	
Fuel Station Vehicle# (if available):	
MSU Inventory# :	
VIN#	
Dept. Vehicle Identifier (i.e FM10):	
Make/Model:	
Year:	
Tag#:	
Odometer:	

User Information (PIN#s) ( ) Establish new employee PIN ( ) Update current employee PIN ( ) Remove PIN	
Name:	
Fuel Station PIN# (if available):	
Net ID:	
EIN (employee ID#):	

Account Information (required for each vehicle)	
Account Name	
Fund	
Organization	
Program	
Activity	

Please complete form and submit to Parking & Transit Services-fuelstation@parkingtransit.msstate.edu.
If you need assistance with the form please call 325-5771.