

# LITRES PLUS CARD APPLICATION FORM

**Date**

**AUB Department**

**AUB Cost Center**

**Designated Person**

## **Vehicle Details**

Brand

Plate No.

Color

Year of Manufacturing

Type (Sedan, Van, SUV, etc.)

Fuel Tank Capacity (Liters)

## **Card Details**

Type                      Specific (one Vehicle ONLY)

Kilometers              Yes

Fuel type              Gasoline 95     Gasoline 98     Diesel

Fuel                      Leaded     Unleaded

Maximum # liters allowed per month

Monthly LBP ceiling for car washes

Monthly LBP ceiling for lubrication charges

Approved by:

Name

Signature

**Original :**    **Auxiliary Services**

**Copy 1 :**    **Originator**