

**Ardmore Enterprises, Inc.**

**Gas Card Form**

I, \_\_\_\_\_ have received a gas card for  
\_\_\_\_\_ on \_\_\_\_\_.

I understand that I am responsible for this card at all times. If a replacement card is needed, I know that I am responsible to pay \$8 for that replacement. Upon separation from the agency for any reason, I know that I am responsible for turning in the gas card to my supervisor. If I do not turn in this card, I know that \$8 will be withheld from my paycheck for the cost of the card.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

cc: Program Coordinator  
Personnel File