Citibank® Mastercard® Government Fleet Card Vehicle Information (IFV)

Note: This form should be completed by the Agency/Organization Program Coordinator for every vehicle in the fleet.

Section I: Instructions

1.	To add a new vehicle to the system, the A/OPC completes Sections II and III and signs in Section IV.
2.	Maintain a copy in the vehicle and Agency/Organization Program Coordinator's files. Fax completed form to 904-954-7700.

Section II: General Information

Agency/Organization Name: _____

*Bank # _____   *Agency/Organization ID # _____

*Vehicle # _____   *Function Code _____   A = Add a new vehicle
      (6 digit numeric)   M = Maintenance info on an existing vehicle

Status: ☐ Activate   ☐ Deactivate (check one)   *Special Item = N

Section III: Vehicle Information

*Exception Indicator[1]	*Vehicle Identification Number (17 character alphanumeric)	Fuel Type (LOW)[2]	Fuel Type (HIGH)[2]	License Tag # (10 character alphanumeric)	Maximum Tank Capacity

Y = Require exception reporting. [2]FUEL TYPE: Refer to the Product Code Conversion Table.
N = Do not need to complete Section III.

If the "license tag #" field is completed, the "state issued" and "country issued" field must also be completed.

State Issued	Country Issued	MPG (LOW)	MPG (HIGH)	License Expiration Date (MM/DD/YYYY)	Max Fill-Ups Per Day	*Year/Make/Model (30 character alphanumeric)

State Type[3]	*Description (25 character alphanumeric)	Military Time (Beg)	Military Time (End)	Fuel Unit Type (G or L)	Max Unit Price	Max Trans Amount	Weekend Exception[4]

[3]Service Type: N = Not an exception
      1 = Self service only
      2 = Full service only

[4]Weekend Exception: 1 = Purchase on Monday – Friday only.
      2 = Purchase on Monday – Saturday only.
      3 = Purchase on all days except holidays.
      4 = Purchase on all days except Sundays and holidays.

Oil Company # (Range 1) (12 individual codes, or 6 ranges)	_____ _____ _____ _____ _____ _____
Oil Company # (Range 2) (12 individual codes, or 6 ranges)	_____ _____ _____ _____ _____ _____

Section IV: Agency/Organization Program Coordinator Signature

_____   _____

*Approving Agency/Organization Program Coordinator's Signature   Date

*Asterisked fields must be completed prior to submission.

Citi Transaction Services

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