



State Fleet Card Program

Annual Certification

This is to certify that the _____
[Department Name]

has implemented the set of policies and procedures as required by the *State Fleet Card Oversight Usage and Responsibilities* document to effectively administer and oversee the State Fleet Card Program to help prevent abusive fleet card practices, including fraud and waste. The name and contact information of the department's designated Fleet Card Coordinator is noted below. (Attach additional names of Coordinators, if necessary.)

Fleet Card Coordinator	
Name	
E-Mail	
Telephone Number	

Department Director or Designee Signature

Name and Title

Date