

GAS SUBMISSION FORM

Department Name		Gas PIN	
Charge to FOAPAL		Card Holder	
Encumbrance Number		Telephone #	
MONTHLY REPORT FOR THE 23rd-23rd		Month(s)	
1	RECEIPT SUBMITTED BY:	RECEIPT DATE	INVOICE #
2	GALLONS	UNIT COST	AMOUNT
3	REMARKS		
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
SUB-TOTAL FOR THIS PAGE:			