



This form serves as documentation that the fleet card administrator named below has reviewed the current [State of Oklahoma Policy and Procedures for Fleet Card](#), fulfilling their acknowledgment of the required reading. Submit the completed form to [OMES Fleet Card](#).

GENERAL INFORMATION

Agency name		Agency #
Fleet card administrator name	Email	P&P version date

QUESTIONS OR CLARIFICATIONS AFTER REVIEWING THE POLICY

☐ I have no questions at this time.

If you have questions, please list them below by section (e.g., Section 1.2):

SIGNATURE

Fleet card administrator signature	Date of completion
------------------------------------	--------------------