

WEX Monthly Log

Department:

WEX Department Administrator:

WEX Card Number:

Vehicle Number (Plate):

Closing Statement Date:**Fulkton County Account Number:**[illegible]

To the best of my knowledge, I certify that the above Fuel Purchasing Log is consistent with all pertinent Fulton County policies and procedures and all supporting documentation is attached.

I have reviewed and/or reconciled the WEX statement and supporting documentation and believe that they are accurate and complete.

Department WEX Administrator & Date: _____