ADOT
Financial Management

96-0225 R06/20   azdot.gov

Mail Drop 521M
Fuel Tax Refund Compliance Unit
Arizona Department of Transportation
PO Box 2100
Phoenix AZ 85001-2100

TRIBAL GOVERNMENT FUEL REFUND APPLICATION

- Complete online or in black ink
- Mail to the address above

Checks are now being mailed directly from the Arizona Department of Administration and we are no longer able to attach a copy of the refund application to the check. Please keep a copy of your application for your records

Refund Period Beginning Date	Refund Period Ending Date	Refund Account Number **G –**	Federal EIN Number	
Tribal Name		Business Phone ( )		
Refund Mailing Address ❏ Check if changed	City		State	Zip
Contact Person Name	Contact Person Phone ( )			

This application is only for vehicles or equipment leased/owned and operated for the sole benefit of the tribal government.

Applications must be completed in full and mailed to the address above, and must be submitted within 6 months from the date the fuel was purchased or invoiced. If the allowable claim is for less than $10, only one request may be submitted in a consecutive 6-month period.

A copy of the purchase invoices/receipts for all gallons claimed must be submitted with this application.

Motor Vehicle Fuel

		Bulk Purchase Gallons		
ADOT Use		Retail Gallons		
NG		Total Gallons Claimed	Tax Rate x $0.18	Refund Amount

Use Fuel

NL	Retail Gallons	x $0.18	Refund Amount
NH	Bulk Purchase Gallons	x $0.26	Refund Amount

Total Refund Due

I certify that the Arizona taxes have been paid on all of the gallons claimed above, and that the original, unaltered invoices/receipts (and supporting documents) for the gallons claimed will be maintained for three years.

Authorized Representative Name	Title	
Authorized Representative Signature	Date	

Must be signed an authorized officer of the tribal government. All other signatures require a notarized power of attorney.

ADOT Use

Compliance	Date Reviewed	Reviewer	Approved ❏ Yes ❏ No	Approval Date	Postmark Date
Comments					
Receipts	Date Entered	Entered By	QTRFR Verified	QTRFR Verified Date	Claim Number
Comments					