

Uniform Program Card Account Setup Form

TO BE COMPLETED BY EMPLOYEE/SUPERVISOR																
Cardholder Name	as it should ap	pear on	the card	d (First N	lam	e, Mido	dle N	ame or	Initial	and L	.ast Na	ame (I	Maxim	um 26	charac	ters):
DOI, Bureau o	f Land Mana	gement	:	S	SN				-			-				
Email Address:					Mailing Address: Home Business (check one)											
						Street:										
Office Phone Num	ber:					City:			S	state:				ZIP:		
By signing below, I a) request that a Uniform Program Government Card be issued in my name, b) agree to use the Card for																
official uniform expenses only, IAW Agency/Organization policy, and to be bound by the terms and conditions of the attached Agreement governing my use of the Government Card and c) authorize Bank of America to verify information on this application.																
PLEASE RETAIN				· · · · · ,						,						
Employee's S	ignature:					Date :										
I hereby approve the issuance of a Uniform Program Government card to the above employee with an annual uniform																
allowance credit limit of \$ (\$50 min \$400 max. per Title 5 USC 5902, increments of \$50 only).																
Supervisor's Sig	nature:					000			Date:							
TO BE COMPLETED BY AGENCY PROGRAM COORDINATOR PLEASE TYPE OR PRINT ALL INFORMATION																
Accounting Code: 2 00 7 U N F M 2 6 5 C																
(Fiscal year, sub activity, program element,"UNFM", organization code, "265C". 23 digits when completed properly.)																
CENTRAL ACCOUNT NUMBER 5 5 6 8 - 1 6 0 0 - 0 0 0 - 1 9 0 4																
	PLEASE COMPLETE THE UNIFORM ACCOUNT HIERARCHY BELOW:															
HL1	HL2		HL3			HL4		I	HL5			HL6			HL7	
0000003	00000005	3313	3694													
OPTION SET: (see codes in the instructions) (Branch code no longer required)																
FIPS CODE : 1411																
Note: See the Agreement between the Agency/Organization Employee and Bank of America for the terms and conditions of																
your Account. By signing below, I here by authorize, on behalf of the Agency/Organization indicated above, that a Government Car d be issued to								l to								
the employee named above. PLEASE RETAIN A COPY.																
A/OPC Last Name:					A/OPC First Name:											
A/OPC Address Information																
Address Line 1:	ATTN:															
Address Line 2:																
Address Line 3:																
City:				State:					Zip	Code						
A/OPC Phone Number (including area or country code):																
A/OPC Fax Number(including area or country code):																
A/OPC Signature:						Date	:									



UNIFORM PROGRAM CARD ACCOUNT SETUP FORM INSTRUCTIONS

1. The form is completed in two parts--the first part is completed by the employee and their supervisor and the second part is completed and signed by the Agency/Office Program Coordinator (A/OPC).

The employee requesting a uniform card will fill out the top part of the form and sign it. The supervisor will determine the uniform allowance credit limit amount (must be in an increment of \$50) and will sign the form.
The A/OPC portion is completed as follows:

(1) Accounting Code. The accounting code must be entered in this exact format.

(2) The next section is the employee's organizational Hierarchy Code. A/OPCs must become familiar with their hierarchy codes. The codes for hierarchy 1, 2, and 3, are always the same for uniforms and are preprinted on the form. Uniform hierarchy codes can be obtained from the State Uniform Coordinator or the National Uniform Coordinator.

(3) The next block is the Option Set number. This code is related to the allowance amount authorized for the employee. Use the key on the form to determine what code is required. For example, if the employee is authorized a \$200 allowance, the Option Set is "03744." "Law Enforcement Only" are codes to be used only for law enforcement employees.

(4) The form must be signed by an authorized Uniform A/OPC.

4. The A/OPC should make a copy of the form and mail it (or fax it) to Bank of America. Bank of America's address and fax number are printed on the top of the form.

Option Set Matrix:

Please Complete the Uniform Account Hierarchy Below:

If Credit Limit is:	Option Set is:	If Credit Limit is:	Option Set is:
\$50	03747	\$50 La w Enforcement Only	03770
\$100	03746	\$100 Law Enforcement Only	03771
\$150	03745	\$150 Law Enforcement Only	03772
\$200	03744	\$200 Law Enforcement Only	03773
\$250	03743	\$250 Law Enforcement Only	03774
\$300	03742	\$300 Law Enforcement Only	03775
\$350	03741	\$350 Law Enforcement Only	03776
\$400	03740	\$400 Law Enforcement Only	03777