

Uniform Program Card Account Setup Form

TO BE COMPLETED BY EMPLOYEE/SUPERVISOR											
Cardholder Name as it should appear on the card (First Name, Middle Name or Initial and Last Name (Maximum 26 characters):											
Department of	f the Interior		SSN		-		-				
Email Address:			Mailing Address: Business								
				Street:							
Office Phone Num	City: State: ZIP:										
By signing below (La) request that a Uniform Dragram Covernment Card be issued in my name, b) agree to use the Card for											
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 Agreement											
governing my use	of the Governm	ent Card and c) aut	thorize Ban	k of America	a to verify info	ormation o	on this applicat	tion.	mont		
PLEASE RETAIN A COPY.											
Employee's S	Date :										
• • • •		a Uniform Program	Governme	nt card to the	e above emp	loyee with	n an annual un	iform			
allowance credit limit of \$											
Supervisor's Sig	Supervisor's Signature: Date:										
TO BE COMPLETED BY AGENCY PROGRAM COORDINATOR PLEASE TYPE OR PRINT ALL INFORMATION											
Master Accounting Code:											
CENTRAL ACCOUNT NUMBER 5 5 6 8 - 1 6 0 0 - 0 0 0 0 -											
PLEASE COMPLETE THE UNIFORM ACCOUNT HIERARCHY BELOW:											
HL1	HL2	HL3		HL4	HL5		HL6		HL7		
0000003	1										
OPTION SET:											
Note: See the Agreement between the Agency/Organization Employee and Bank of America for the terms and conditions of											
your Account.	I here by author	rize, on behalf of the	- Agency/C	raanization	indicated abo	ove that a	Government	Car d be i	ssued	to	
		EASE RETAIN A CO		rgamzadon					oouou	.0	
A/OPC Last Name:					First Name:						
A/OPC Address Information											
	mormation										
Address Line 1:	ATTN:										
Address Line 2:											
Address Line 3:											
City:	State:			Zip Code:							
A/OPC Phone Nu	mber (including	area or country cod	le):								
A/OPC Fax Numb	er(including area	a or country code):									
A/OPC Signature:				Date:		A/OPC Email Address					
-				Duic.		70010		,			
				Date.		///01/0)			



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).

2. 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 and will sign the form.

3. 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. Uniform hierarchy codes can be obtained from the A/OPC.

(3) The next block is the Option Set number. This code is related to the allowance amount authorized for the employee.

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

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