COD GPC Setup Request Form

				-	-			
Date:								
Memorandum For:	Contract Operation Division (COD)							
Attention:	Purchase Card Program							
Subject:	Establish New Ac						Establish Billing Official:	
	Replace Billing C	Official:		Change Limits: Change Address:				
Billing Official Info: Account Number:								
Billing Official Nam								
Agency Name: Address:								
City, State, Zip								
Office Phone:		Office Fax:						
Email Address:		Office Fax:						
Eman Address:								
Completion dates for the following REQUIRED training:								
DAU CLG 001 DOD Government Purchase Card				Date:				
DAU CLG 005 PCOLS Training:				Date:				
GPC Refresher training (DAU CLG 004, NCRCC, COD)					Date:			
COD Purchase Card Training: Date:								
Ethics Training (Agency or DAU):				Date:				
Office Limit:								
Billing Official Supe							Phone:	
Billing Official Ema	al Address:							
Completion dates for	r the following RE	OUIRED tr	ain	ing.				
Completion dates for the following REQUIRED training: DAU CLG 005 PCOLS:					Date:			
Ethics Training (Agency or DAU):				Date:				
	(19010)	•			2			
Alternate Billing Offi	cial Info:							
Alternate Name:								
Agency Name:								
Address:								
City, State, Zip								
Office Phone:	Office Fax:							
Email Address:								
				•				
Completion dates for		-			Deter			
	DAU CLG 001 DOD Government Purchase Card: Date:							
	DAU CLG 005 PCOLS Training: GPC Refresher training (DAU CLG 004, NCRCC, COD)				Date:			
COD Purchase C	v							
Ethics Training (A	Date:							

Cardholder Info:					
Name:					
Agency Name:					
Address:					
City, State, Zip					
Office Phone:	Office Fax:				
Email Address:					
Completion dates for the following DEOUIDED training					
Completion dates for the following REQUIRED training: DAU CLG 001 DOD Government Purchase Card: Date:					
DAU CLG 001 DOD Government Purchase Card. DAU CLG 005 PCOLS Training:	Date:				
GPC Refresher training (DAU CLG 004, NCRCC, CC					
COD Purchase Card Training:	Date:				
Ethics Training (Agency or DAU):	Date:				
Lunes Hammig (Agency of DAO).	Date.				
Cardholder's Supervisor's Name:	Phone:				
Cardholder's Supervisor's Email Address:					
Completion dates for the following DEOLUDED training					
Completion dates for the following REQUIRED training: DAU CLG 005 PCOLS:					
Ethics Training (Agency or DAU):	Date: Date:				
Ethics Training (Agency of DAU):	Date:				
Single Purchase Limit:	Monthly Limit:				
Cardholder Info:					
Name:					
Name: Agency Name: Address:					
Name: Agency Name:	Office Fax:				
Name: Agency Name: Address: City, State, Zip	Office Fax:				
Name: Agency Name: Address: City, State, Zip Office Phone: Email Address:	Office Fax:				
Name: Agency Name: Address: City, State, Zip Office Phone: Email Address: Completion dates for the following REQUIRED training:					
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Cardholder Info:									
Name:									
Agency Name:									
Address:									
City, State, Zip									
Office Phone:					Office Fa	ax:			
Email Address:									
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Completion dates for the following REQUIRED training:									
DAU CLG 001 DOD Government Purchase Card:				Da					
	DAU CLG 005 PCOLS Training:				Da				
		(DAU CLG 004, N	CRCC, CO	UD)	Da				
COD Purchas					Da				
Ethics Trainin	ig (Agency	y or DAU):			Da	te:			
Cardholder's Supervisor's Name: Phone:									
Cardholder's Sup								111	one.
		ollowing REQUIRE	D training						
DAU CLG 005 PCOLS: Date:									
Ethics Train	ing (Ager	ncy or DAU):			Da	te:			
Single Purchase	Single Purchase Limit: Monthly Limit:								
Card will be used	l to purcha	ase: Office Sup	plies	,	Training		I	Т	Other
	1	I							
Authorized Signature:							Date:		
	Billing Official Supervisor								
Resource Manager (Leave Blank, RM will complete)									
Fund Cite:	r (Leave I	Slalik, Kivi will coll	ipiete)						
Fund Cite:									
Single Purchase	[imit:				Office	e Limit	•		
Single Fulchase I	Lillill.				Onic		•		
Resource Manag	er:						Phone		
						-	1 110110	•	
Note to Billing Off									
The BO must coordinate monthly and single purchase limits with his/her agency's resource manager/resource									
advisor.									
This memorandum must be signed by the billing official's supervisor when establishing a NEW ACCOUNT									
for your agency.									
All changes to any account must be signed by the billing official. Electronic signatures are authorized									
All changes to any account must be signed by the billing official. Electronic signatures are authorized.									