

**COD GOVERNMENT PURCHASE CARD BILLING OFFICIAL REQUEST/CHANGE APPOINTMENT**

<p><b>TRICARE Management Activity (TMA) Contract Operations Division (COD)</b></p> <p><b>GOVERNMENT PURCHASE CARD (GPC) BILLING OFFICIAL REQUEST/CHANGE APPOINTMENT</b></p>			
<p><b>ORGANIZATION/OFFICE:</b> _____</p>		<p><b>ACTION REQUESTED</b></p> <p>Appointment Primary Alternate Termination Change Purchase Limit Address Other _____</p>	
<b>BILLING OFFICIAL'S INFORMATION</b>			
1a. Last Name	1b. First Name	1c. Middle Initial	2a. Mailing Address <i>(Street Address or Box Number, include suite room or floor as appropriate)</i>
2b. City		2c. State	2d. Zip Code
3. Work Phone Number		4. Work Cell Phone	
5. Fax Number		6. Work Email	
7a. Yearly Limit		7b. Billing Cycle Limit	
8. Required Training <i>Attach Certificates (Must be current-within 6 months)</i>		9. GPC Course CLG-001 <i>(Defense Acquisition University)</i>	
Date Completed: _____		10. Ethics Training	
Date Completed: _____		Date Completed: _____	
11. List all current GPC Cardholders and/or Convenience Check writers assigned to your Billing Official account.			
(1)		(2)	
(3)		(4)	
(5)	(6)	(7)	
<b>COMPONENT HEAD OR DESIGNEE</b>			
Approval		Disapprove	
1a. Last Name	1b. First Name	1c. Middle Initial	2. Title
3. Signature			4. Date