

COD GPC Setup Request Form

Date:				
Memorandum For:	Contract Operation Division (COD)			
Attention:	Purchase Card Program			
Subject:	Establish New Account:	Transfer Cardholder:	Establish Billing Official:	
	Replace Billing Official:	Change Limits:	Change Address:	

Billing Official Info:

Account Number:			
Billing Official Name:			
Agency Name:			
Address:			
City, State, Zip			
Office Phone:		Office Fax:	
Email 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 Supervisor's Name:		Phone:	
Billing Official Email Address:			

Completion dates for the following REQUIRED training:

DAU CLG 005 PCOLS:	Date:	
Ethics Training (Agency or DAU):	Date:	

Alternate Billing Official Info:

Alternate Name:			
Agency Name:			
Address:			
City, State, Zip			
Office Phone:		Office Fax:	
Email 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:	

Cardholder Info:			
Name:			
Agency Name:			
Address:			
City, State, Zip			
Office Phone:		Office Fax:	
Email 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:	
Cardholder's Supervisor's Name:			
		Phone:	
Cardholder's Supervisor's Email Address:			
Completion dates for the following REQUIRED training:			
DAU CLG 005 PCOLS:		Date:	
Ethics Training (Agency or DAU):		Date:	
Single Purchase Limit:			
		Monthly Limit:	

Cardholder Info:			
Name:			
Agency Name:			
Address:			
City, State, Zip			
Office Phone:		Office Fax:	
Email 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:	
Cardholder's Supervisor's Name:			
		Phone:	
Cardholder's Supervisor's Email Address:			
Completion dates for the following REQUIRED training:			
DAU CLG 005 PCOLS:		Date:	
Ethics Training (Agency or DAU):		Date:	
Single Purchase Limit:			
		Monthly Limit:	

Cardholder Info:			
Name:			
Agency Name:			
Address:			
City, State, Zip			
Office Phone:		Office Fax:	
Email 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:	

Cardholder's Supervisor's Name:		Phone:	
Cardholder's Supervisor's Email Address:			

Completion dates for the following REQUIRED training:			
DAU CLG 005 PCOLS:		Date:	
Ethics Training (Agency or DAU):		Date:	

Single Purchase Limit:		Monthly Limit:	
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Card will be used to purchase:	Office Supplies		Training		IT		Other
Authorized Signature:						Date:	
Billing Official Supervisor							

Resource Manager (Leave Blank, RM will complete)			
Fund Cite:			
Single Purchase Limit:		Office Limit:	
Resource Manager:			Phone:

Note to Billing Official:
<p>The BO must coordinate monthly and single purchase limits with his/her agency's resource manager/resource advisor.</p> <p>This memorandum must be signed by the billing official's supervisor when establishing a NEW ACCOUNT for your agency.</p> <p>All changes to any account must be signed by the billing official. Electronic signatures are authorized.</p>