

**ARMY CONTRACTING COMMAND - ROCK ISLAND
GOVERNMENT PURCHASE CARD PROGRAM
ALTERNATE BILLING OFFICIAL ACCOUNT APPLICATION**

REQUIRED INFORMATION FOR OBTAINING PCOLS AND AXOL ACCESS:

NAME (LAST, FIRST, MI):

TITLE/RANK:

SUPERVISOR NAME AND EMAIL:

ORGANIZATION:

ADDRESS:

PHONE (COMM):

DSN:

EMAIL ADDRESS:

IS THE NOMINATED ALTERNATE BILLING OFFICIAL A U.S. GOVERNMENT EMPLOYEE?

YES

NO

(NOTE: ACCOUNTS WITHOUT A PRIMARY BILLING OFFICIAL WILL NOT BE APPROVED)

LAST 4 MANAGING ACCOUNT #(s) _____, _____, _____, _____

BILLING OFFICIAL APPROVAL:

NAME (LAST, FIRST, MI):

TITLE/RANK:

EMAIL ADDRESS:

SIGNATURE:

DATE:

IF THIS APPLICATION IS TO REPLACE AN ALTERNATE BILLING OFFICIAL THAT IS LEAVING:

FORMER ALTERNATE BILLING OFFICIAL NAME:

EMAIL ADDRESS:

SIGNATURE:

DATE: