

**ARMY CONTRACTING COMMAND - ROCK ISLAND
GOVERNMENT PURCHASE CARD PROGRAM
PRIMARY BILLING OFFICIAL (BO) ACCOUNT APPLICATION
ALL SECTIONS MUST BE FULLY COMPLETED**

REQUIRED INFORMATION FOR OBTAINING PCOLS AND AXOL ACCESS:

NAME (LAST, FIRST, MI):

TITLE/RANK:

SUPERVISOR NAME AND EMAIL:

ORGANIZATION:

ADDRESS:

EMAIL ADDRESS:

PHONE (COMM):	DSN:
----------------------	-------------

IS THE NOMINATED BO A U.S. GOVERNMENT EMPLOYEE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
--	------------	--------------------------	-----------	--------------------------

ALTERNATE BO (ALTERNATE BILLING OFFICIAL MUST ALREADY BE ACTIVE OR ONE MUST BE IN PROCESS TO BE ACTIVE OR THE APPLICATION WILL BE DENIED):

ALTERNATE BO (MANDATORY) (LAST, FIRST, MI):

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

PREVIOUS BILLING OFFICIAL (IF THIS APPLICATION IS TO REPLACE A BO THAT IS LEAVING):

NAME (LAST, FIRST, MI):

EMAIL ADDRESS:

SIGNATURE:	DATE:
-------------------	--------------

SIGNATURE:	DATE:
-------------------	--------------

APPROVAL:

I verify that the PRIMARY Billing Official nominated above is senior to the cardholders on this account and is in their chain of command.

SUPERVISOR OF NOMINATED BILLING OFFICIAL (LAST, FIRST, MI):

TITLE/RANK:

EMAIL ADDRESS:

BO SUPERVISOR'S SIGNATURE:	DATE:
-----------------------------------	--------------

RESOURCE MANAGER APPROVAL:

NAME (LAST, FIRST, MI):

TITLE/RANK:

EMAIL ADDRESS:

SIGNATURE:	DATE:
-------------------	--------------

TYPE OF FUNDS:	OMA	TWCF	OTHER:
-----------------------	------------	-------------	---------------

SDDC COMMAND ONLY: ADD APPLICABLE AGENT # TO ASSIGN TO BO: _____