

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

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) _____, _____, _____, _____

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

NAME (LAST, FIRST, MI):

BILLING OFFICIAL APPROVAL:

NAME (LAST, FIRST, MI):

TITLE/RANK:

EMAIL ADDRESS:

DATE:

SIGNATURE: