

BILLING OFFICIAL MAINTENANCE

Purchasing CPP (DoD)

(✓) Check box that applies: Add Delete Change

Agent Number _____ Company Number _____

Billing Official Account Number _____

Reporting Levels:

Level 1: _____ Level 2: _____ Level 3: _____ Level 4: _____

Level 5: _____ Level 6: _____ Level 7: _____

Fill in only the Information Below to be Changed

Billing Official Contact Information to be Changed:

Billing Official Name: _____
(Name 1) (max. 30 char.)

Dept./Office/Agency Name: _____
(Name 2) (max. 19 char.)

Address 1: _____
(max. 36 char.)

Address 2: _____
(max. 30 char.)

City: _____ State: _____ Zip: _____
(max. 25 char.) (max. 10 char.)

Phone Number: _____
(max. 18 char.)

Fax Number: _____
(max. 18 char.)

E-mail Address: _____
(max. 60 char.)

Tax Exempt Number: _____
(max. 20 char.)

Billing Office Limit \$ _____, _____, _____, _____ Cycle Date ____
(Cycle Purchase Limit)

Master Accounting Code _____
(Optional) (max. 75 char.) (First 25 characters of Accounting Code)

(Second 25 characters of Accounting Code)

BILLING OFFICIAL MAINTENANCE (cont.)

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Optional Billing Official Authorization Control to be Changed:

MAT Code: 1: _____ 2: _____ 3: _____ 4: _____
(Indicate up to 4 codes) (Indicate MAT 0999 if issuing checks on accounts associated with this Billing Official Level)

Daily Transaction Limit: _____ Single Purchase Limit (SPL): \$ __, _____, _____

Cycle Transaction Limit: _____ Daily Purchase Limit: \$ __, _____, _____, _____

Monthly Transaction Limit: _____ Monthly Purchase Limit: \$ __, _____, _____, _____

Quarterly Transaction Limit: _____ Quarterly Purchase Limit: \$ __, _____, _____, _____

Annual Transaction Limit: _____ Annual Purchase Limit: \$ __, _____, _____, _____

Form Submitted by:

Signature _____

Print Name _____

Phone _____

Fax _____ Date Submitted _____

For I.M.P.A.C. Government Services use only:

Rec'd Date: _____ Input Date: _____

Completed By: _____

Review Date: _____ Reviewed By: _____

Reject Reason: _____ Reject Date: _____

- Incomplete (missing information circled or highlighted)
- Other

MAIL REQUEST TO:

I.M.P.A.C. GOVERNMENT SERVICES P.O. BOX 6347, FARGO, ND 58125-6347

FAX REQUEST TO: 701-461-3466

☎ 888-99-IMPAC (888-994-6722)

