

REPORTING HIERARCHY MAINTENANCE

Purchasing CPP (DoD)

Check Level Change Desired:

() Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 Level 7

Agent Number _____

Company 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

Report Recipient Information to be Changed:

Dept./Office/Agency Name _____
(max.30 char.)

Recipient Name _____
(max.30 char.)

Address 1 _____
(max. 40 char.)

Address 2 _____
(max. 30 char.)

City _____ State _____ Zip _____ Country _____
(max. 15 char.) (max. 10 char.)

Phone Number _____
(max. 17 char.)

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: _____

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)



I.M.P.A.C.®

Government Services

Reporting Hierarchy Maintenance Form (TBRMNT-DoD)

REPORTING HIERARCHY MAINTENANCE

Purchasing CPP (DoD)

Check Level Change Desired:

() Level 1 Level 2 Level 3 Level 4 Level 5 Level 6 Level 7

Agent Number _____ Company 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

Report Recipient Information to be Changed:

Dept./Office/Agency Name _____
(max. 30 char.)

Recipient Name _____
(max. 30 char.)

Address 1 _____
(max. 40 char.)


Address 2 _____
(max. 30 char.)

City _____ State _____ Zip _____ Country _____
(max. 15 char.) (max. 10 char.)

Phone Number _____
(max. 17 char.)

<p>Form Submitted by:</p> <p>Signature _____</p> <p>Print Name _____</p> <p>Phone _____</p> <p>Fax _____ Date Submitted _____</p>	<p><i>For I.M.P.A.C. Government Services use only:</i></p> <p>Rec'd Date: _____ Input Date: _____</p> <p>Completed By: _____</p> <p>Reject Reason: _____ Reject Date: _____</p> <p><input type="checkbox"/> Incomplete (missing information circled or highlighted)</p> <p><input type="checkbox"/> Other</p>
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 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)



Form: TBRMNT-DoD (9/98)

- *Check Level Change Desired Check the appropriate box for this maintenance request.
- *Agent Number Indicate the Agent number associated with this request.
- *Company Number Indicate the Company number associated with this request.
- *Reporting Levels Indicate the hierarchy level numbers associated with this request. A separate form must be completed for each maintenance request.
- Report Recipient Information to be changed
- Dept./Office/Agency Name: Indicate the Department, Office or Agency name for the report recipient.
- Recipient Name: Indicate the name of the recipient to receive the TBR reports.
- Address 1: Indicate the first line of address for the report recipient.
- Address 2: Indicate the second line of address for the report recipient.
- City: Indicate the city of the report recipient.
- State: Indicate the state of the report recipient.
- ZIP: Indicate the ZIP code of the report recipient.
- Country: Indicate the country of the report recipient.



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- Phone Number: Indicate the phone number of the report recipient.
- Form Submitted by
- *Signature: Signature of the contact submitting this form.
 - *Print Name: Print the name of the contact submitting this form.
 - *Phone: Indicate the phone number of the contact submitting this form.
 - *Fax: Indicate the fax number of the contact submitting this form.
 - *Date Submitted: Indicate the date the form is mailed or faxed to I.M.P.A.C. Government Services.