

BILLING OFFICIAL MAINTENANCE

Purchasing CPP (DoD)

Page 1 of 2

Agent Number _____ Company Number _____

Billing Official Account Number _____

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)

(Third 25 characters of Accounting Code)

Reporting Levels:

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

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

BILLING OFFICIAL MAINTENANCE (cont.)

Purchasing CPP (DoD)

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)



Billing Official Maintenance Form (BOMNT-DoD)

BILLING OFFICIAL MAINTENANCE

Purchasing CPP (DoD) Page 1 of 2

Agent Number _____ Company Number _____

Billing Official Account Number _____

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. 29 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.) (Print 15 characters of Accounting Code)

_____ (Second 15 characters of Accounting Code)

_____ (Third 21 characters of Accounting Code)

Reporting Levels:

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

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

Form: BOMNT-DoD (9/98)

BILLING OFFICIAL MAINTENANCE (cont.)

Purchasing CPP (DoD) Page 2 of 2

Optional Billing Official Authorization Control to be Changed:

MAT Code: 1: _____ 2: _____ 3: _____ 4: _____
(Indicate up to 4 codes) (Indicate MAT 9999 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)

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I.M.P.A.C.[®]
Government Services

Form: BOMNT-DoD (9/98)

- *Agent Number Indicate the Agent number associated with the Billing Official account.
- *Company Number Indicate the Company number assigned to the Billing Official account.
- *Billing Official Account Number Indicate the Billing Official Account number assigned to this account.

Complete only the information below that is to be changed.

Billing Official Contact Information to be changed

- Billing Official Name: Indicate the first, middle initial and last name of the Billing Official.
- Dept./Office Agency Name: Indicate the Department, Office or Agency name of the Billing Official.
- Address 1: Indicate the mailing address line of the Billing Official.
- Address 2: Indicate the second address of the Billing Official.
- City: Indicate the city of the Billing Official.
- State: Indicate the state of the Billing Official.
- ZIP: Indicate the ZIP code of the Billing Official.
- Phone Number: Indicate the phone number of the Billing Official.

Fax Number:	Indicate the fax number of the Billing Official.
E-mail Address:	Indicate the e-mail address of the Billing Official.
Tax Exempt Number:	Indicate the tax exempt number associated with this Billing Official.
Billing Office Limit:	Indicate the maximum purchase dollar amount allowed for one cycle period.
Cycle Date:	Indicate the cycle date of the agency.
Master Accounting Code:	Indicate the Master Accounting Code of the Billing Official. Notice the field is broken into three separate lines of 25 characters each. The Master Accounting Code will print as one continuous 75-character field on all applicable reports.
Reporting Levels:	Indicate the hierarchy level numbers associated with this Billing Official account. (Note: For some agencies, the Company Number and the Level 5 Number should be the same.)
Optional Billing Official Authorization Control	
MAT Code:	Indicate up to 4 MAT Codes for this Billing Official. A list of MAT Codes can be found in the A/OPC Guide. If the MAT Code is three characters in length, precede the number with a zero (0). For example, if choosing MAT Code 123, indicate 0123 on the line.
Daily Transaction Limit:	This limit is an optional budgetary or authorization control at the Billing Official level. Indicate the maximum number of transactions allowed for one day.
Cycle Transaction Limit:	This limit is an optional budgetary or authorization control at the Billing Official level. Indicate the maximum number of transactions allowed for a cycle period.
Monthly Transaction Limit:	This limit is an optional budgetary or authorization control at the Billing Official level. Indicate the maximum number of transactions allowed for one month.
Quarterly Transaction Limit:	This limit is an optional budgetary or authorization control at the Billing Official level. Indicate the maximum number of transactions allowed for one quarter.
Annual Transaction Limit:	This limit is an optional budgetary or authorization control at the Billing Official level. Indicate the maximum number of transactions allowed for one year.
Single Purchase Limit:	This limit is an optional budgetary or authorization control at the Billing Official level. Indicate the maximum purchase dollar amount allowed for a single purchase.
Daily Purchase Limit:	This limit is an optional budgetary or authorization control at the Billing Official level. Indicate the maximum purchase dollar amount allowed for one day.

Monthly Purchase Limit: This limit is an optional budgetary or authorization control at the Billing Official level. Indicate the maximum purchase dollar amount allowed for one month.

Quarterly Purchase Limit: This limit is an optional budgetary or authorization control at the Billing Official level. Indicate the maximum purchase dollar amount allowed for one quarter.

Annual Purchase Limit: This limit is an optional budgetary or authorization control at the Billing Official level. Indicate the maximum purchase dollar amount allowed for one year.

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.

Fields names marked with an asterisk () are required fields and/or sections and must be completed. Any required fields not completed will cause a delay in the maintenance request. The incomplete form will be returned to the contact submitting the form or the contact will receive a call requesting the missing information.