

BILLING OFFICIAL SETUP

Purchasing CPP (DoD)

Page 1 of 2

Agent Number _____

Billing Official Contact Information: *(Complete all information, unless indicated as optional)*

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

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

Address 1: _____
(max. 36 char.)

Address 2: _____
(Optional) (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 SETUP (cont.)

Purchasing CPP (DoD)

Optional Billing Official Authorization Control:

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:

Company # _____ Acct # _____
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 Setup Form (BOSET-DoD)

BILLING OFFICIAL SETUP

Purchasing CPP (DoD) Page 1 of 2

Agent Number _____

Billing Official Contact Information: *(Complete all information, unless indicated as optional)*

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

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

Address 1: _____
(max. 36 char.)

Address 2: _____
(Optional) (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: _____

Form: BOSET-DoD (9/98)

BILLING OFFICIAL SETUP (cont.)

Purchasing CPP (DoD) Page 2 of 2

Optional Billing Official Authorization Control:

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:

Company # _____ Acct # _____
Rec'd Date: _____ Input Date: _____
Completed By: _____
Review Date: _____ Reviewed By: _____
Reject Reason: _____ Reject Date: _____
 Incomplete (missing information circled or highlighted)
 Other _____

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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)

usbank.
I.M.P.A.C.*
Government Services

Form: BOSET-DoD (9/98)

*Agent Number Indicate the Agent number associated with this Billing Official setup request. Leave this line blank if the Agent Setup accompanies this setup request.

Billing Official Contact Information

- *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. If this is the case for your agency, leave the Level 5 field blank. I.M.P.A.C. Government Services will insert the Company Number assigned to this Billing Official. It is not required that all seven levels be populated on this form.)
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 setup request. The incomplete form will be returned to the contact submitting the form or the contact will receive a call requesting the missing information.