

GPC Cardholder Setup Form
One Form Required for Each Card Requested

Office Symbol

Date

MEMORANDUM THRU DRM/Budget Office
FOR MICC- ICO Fort Benning, CCMI-CEU-BEN, Fort Benning, GA 31905
SUBJECT: Request for Designation as Cardholder – Government Purchase Card (GPC) Program

1. Reference the Department of the Army's Government Purchase Card (GPC) Standing Operating Procedure (SOP)
The following individual is nominated for designation as GPC program cardholder:

Name: _____

Grade/Rank – First Name – Last Name

DOD ID Number (EDIPI)

Email

For the Purchase Card On-Line System, we will also need the nominee's supervisor's name and email address. This information will be verified against the DEERS system. Please provide accurate information.

Supervisor Name:

Grade/Rank – First Name – Last Name

DOD ID Number (EDIPI)

Email

Nominee's Official Work Street address: (MUST be complete. Your card will be sent to this address.)

Name of Activity/Unit/BDE/BN

Work Telephone Number

Bldg No. & Street Address

City, State, Zip

2. Card will be used for: (select ONLY one per request form)

25K supply cards are requested on a different form only after an invitation has been sent to the billing official.

- a. Regular Card Supplies <= \$3,500
b. Bills ONLY > amount stated on Contract
c. Training ONLY > \$25,000
d. Other: (specify purpose).

3. The Current Primary Billing Official is
(signature required at the bottom of the form, as the requestor)

The Current Alternate Billing Official is _____

As a Billing Official, I understand that I cannot have more than SEVEN Cardholder Accounts under my supervision.

(Name & title of requesting Billing Official) (Signature of requesting Billing Official)

This section is for the Resource Managers/Budget Analysts

The Resource Manager/Budget Analyst (RM/BA) for this account is: _____
(printed name & title)

For the Purchase Card On-Line System, we will also need the RM/BA's name and email address. This information will be verified against the DEERS system. Please provide accurate information.

Supervisor Name: _____

Grade/Rank – First Name – Last Name

Supervisor's Email Address

- A. The Single Purchase Limit is established at \$ Monthly Purchase Limit is established at \$
B. The following actions have been coordinated with the DRM/Budget Office.
a. A line of accounting (LOA) has been established for this account for Access Online.
b. A GFEBs PR Processor and L1 Approver has been appointed by the DRM/Budget Office.
c. The card account ID will be added to GFEBs for this account.

I will be managing the cycle and credit limits for this account. I will also be the Funds Certifier in GFEBs for this account.

Telephone

Email

Signature & Date of Resource/Financial Manager