

ALTERNATE BILLING OFFICIAL PRE-REGISTRATION FORM

GENERAL INFORMATION

DATE: _____

ALTERNATE BILLING OFFICIAL NAME: _____

BILLING OFFICIAL NAME: _____

OFFICE NAME (Include Office Symbol): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

REPLACING ALTERNATE BILLING OFFICIAL: _____

SIGNATURE OF BILLING OFFICIAL: _____

CARDHOLDER(S): _____

PASSWORD VERIFICATION RESPONSE: MOTHER'S MAIDEN NAME: _____

(Please have all required approvals before submitting pre-registration form to the MICC)

APPROVING OFFICIAL (Title) DATE SIGNATURE

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RMO: INITIALS: _____ DATE: _____

SINGLE PURCHASE: \$ _____ 30 DAY LIMIT: \$ _____

GFEBs ACCOUNTING DATA

Child Rule Set: _____ Appropriation Data: _____

OAC: _____ ASN: _____ UIC: _____ WCR: _____ OC: _____ DBSH: _____ A1: _____