CARDHOLDER PRE-REGISTRATION FORM

DATE: _____

GENERAL INFORMATION

CARDHOLDER NAME: _____

OFFICE NAME (Include Office Symbol): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

REPLACING EXISTING CARDHOLDER: _____YES _____ NO
(If yes, please indicate current cardholder Name and Status)

NAME: _____

STATUS: _____
(*i.e. expected date of departure, cards destroyed, PCS'd, etc…)*

BILLING OFFICIAL NAME: _____

SIGNATURE OF BILLING OFFICIAL: _____

RMO: INITIALS: _____ DATE: _____

SINGLE PURCHASE: $ _____ 30 DAY LIMIT: $ _____

GFEBS ACCOUNTING DATA

Child Rule Set: _____ Appropriation Data: _____

OAC: _____ ASN: _____ UIC: _____ WCR: _____ OC: _____ DBSH: _____A1: _____