

MARINE CORPS INSTALLATIONS EAST PURCHASE CARD SETUP FORM- INSTRUCTIONS

SECTION I

To nominate an Approving Official or Cardholder, the Unit/Activity must complete Section II & III below then submit to the Agency Program Coordinator.

1. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL-Requires the unit Commanding Officer/Director's signature.
2. CARDHOLDER-Requires Approving Official signature and Section III Financial & Accounting Information must be completed by the Comptroller.

SECTION II APPROVING OFFICIAL /CARDHOLDER INFORMATION**

Name of nominated Approving Official/Cardholder			
*Last Name	*First Name	*Middle Initial	*Rank/Grade
*Complete Name of Agency/Organization		* Verification Information, Pay Entry/Benefits Start Date (MMYY)	
*Mailing Address		* Activation Information (4 digit PIN of your choice)	
*Building Number and Street Address		* Business Phone	* Fax Number
*Nominated Approving Official/ Cardholder Signature			* E-Mail Address
*Approving Official Printed Name	*Approving Official Signature		<input type="checkbox"/> ALTERNATE OR <input type="checkbox"/> REPLACEMENT
*Rank/Name of Commanding Officer/Director	*Signature of Commanding Officer/Director		* Phone Number

**** CARDHOLDERS MUST TAKE THIS FORM TO THEIR COMPTROLLER****

COMPTROLLER NAME/RANK
COMPTROLLER SIGNATURE
PHONE
DATE

SECTION III FINANCIAL & ACCOUNTING INFORMATION**

Unit Identification Code (UIC) e.g. , N12345				* Obligation Indicator: <input type="checkbox"/> (B) Bulk, (T) Transactional, (O) CONUS					
*Master Accounting Code (LOA)				* Number next to field description is required length of field.					
	GA: 2	BFYEFY: 8	APPN: 4	SBHD: 4	OBJCLS: 4	BCN: 5	SA: 1	AAA: 6	TT: 2
	PAA: 6	CC: 12							
STARS HCM ONLY	MCC: 2	USMC only	FA: 2	BESA: 2	CAC: 4	BRC: 2	RON: 3	RBC: 1	FC: 2

SECTION IV REPORTING PARAMETERS

Reporting Hierarchy:	1	00701	2	00017	3	00027	4	00073	5	6	7
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SECTION V AUTHORIZATION PARAMETERS

* Monthly Cycle Limit: \$	* Single Dollar Transaction Limit \$	CALL#
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Note: Fields marked with an ** asterisk must be completed or the form will be returned.

Date/ received: _____