

(Office Symbol)

(Date)

MEMORANDUM THRU Directorate of Resource Management, ATZT-RM-PB, Fort Leonard Wood, MO 65473

TO Directorate of Contracting, Pre-Award Division, SFCA-NR-LW, Fort Leonard Wood, MO 65473

SUBJECT: **Request for IMPAC Credit Card ALTERNATE Billing Official**

ALT BILLING OFFICIAL NAME _____
(first name, middle initial, last name, rank/grade)

DEPT/AGENCY/OFFICE NAME _____

OFFICE STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

OFFICE SYMBOL: _____ E-MAIL ID: _____

TELEPHONE NUMBER: _____ FAX NUMBER _____

PASSWORD PROMPT _____ PASSWORD _____

(Mother's Maiden Name, Father's Middle Name, Birthplace, Favorite Sports Team, Child's Name, Pet Name)

OFFICE LIMIT _____ (Total of monthly spending limits for all cardholders under this alternate billing official.)

*IMA / MISSION ACCOUNT (CIRCLE ONE)

*BUDGET ACTIVITY'S NAME(TYPED OR PRINTED), INITIALS & DATE

NAME OF PRIMARY BILLING OFFICIAL FOR WHICH YOU ARE THE ALTERNATE:

IMPAC TRAINING AND DAU TUTORIAL CERTIFICATES ARE ATTACHED.

Memo must be signed by Commander or Director

*To be completed by DRM personnel