



**UNITED STATES MARINE CORPS**

MARINE CORPS AIR STATION  
BOX 99100  
YUMA, ARIZONA 85369-9100

StaO 4226.1A

3KG  
**09 APR 1997**

STATION ORDER 4226.1A

From: Commanding Officer  
To: Distribution List

Subj: SMALL PURCHASE CREDIT CARD PROGRAM

Ref: (a) NAVSUPINST 4200.91, Government-Wide Commercial Purchase Card Program  
(b) General Services Administration (GSA) Government-Wide Commercial Credit Card Service Contract Guide

Encl: (1) Sample Approving Official's Delegation Letter  
(2) Sample Cardholder's Delegation Letter  
(3) MCAS Designation of Key Positions  
(4) Cardholder and Approving Official Account Set-up Forms  
(5) Cardholder Account Maintenance Form  
(6) Monthly Cardholder's Log  
(7) Sample Buyers Worksheet  
(8) Sample Statement of Account  
(9) Cardholder Statement of Questioned Item  
(10) Notification of Invoice Adjustment

1. Purpose. To establish the composition, responsibilities and procedures for the Marine Corps Air Station (MCAS) Yuma, Arizona Small Purchase Credit Card Program.

2. Cancellation. StaO 4226.1.

3. Background

a. The General Services Administration's Federal Supply Service (GSA/FSS) has awarded a contract for government-wide commercial credit card services. The contract is intended to provide government-wide commercial credit cards and associated services to Federal ordering agencies and serves as a payment method for official government purchases.

b. The contract was awarded to Rocky Mountain Bankcard System, Inc. (RMBCS) for implementation of the International Merchant Purchase Authorization Card (IMPAC). The IMPAC is an accepted VISA credit card, which allows a cardholder to make small purchases under an established delegation of authority. Use of this card must be in compliance with

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references (a) and (b). The card is embossed with the name of the individual cardholder and no other individual may use it. This card must not be used for personal purchases.

4. Definitions

a. Administrative Office Contact (AOC). The AOC serves as the liaison between MCAS and RMBCS and is the focal point for coordination of applications, and the issuance and destruction of IMPAC cards. The AOC is also responsible for establishing guidelines and procedures for controlling and using the IMPAC card, determining maximum control limitations, authorization activity codes, and approving changes to cardholder's purchase limits.

The AOC is: Supply Department Contracts Division  
Contracting Officer, Code 3KG  
(520) 341-2790

b. Assistant Administrative Office Contact (AAOC). The AAOC serves as assistant to the AOC and will coordinate the establishment of reports, administrative training and tracking. The AAOC will act in the absence of the AOC. The AAOC will notify RMBCS of any changes using forms provided.

The AAOC is: Purchasing Supervisor  
Code 3KGA  
(520) 341-2862

c. Approving Official (AO)

(1) The AO serves as an internal checkpoint in the operation of the credit card program. The AO will be the supervisor of the cardholder and may have one or more cardholders under his/her purview. An alternate AO may be appointed to serve in the absence of the AO. A cardholder cannot be his/her own approving official. A cardholder may not be an approving official for his/her supervisor. The AO will receive a letter of appointment identifying all responsibilities and cardholders under his/her purview. An Approving Official can be a cardholder but he/she will also have an Approving Official. A sample appointment letter appears in enclosure (1).

(2) The AO will review and certify the cardholder's monthly statements and ensure that payments are for authorized purchases made in accordance with the Federal Acquisition Regulation (FAR), Defense Federal Acquisition Regulation Supplement (DFARS) and agency regulations. Detailed instructions are included in the approving official's instructional pamphlet, "Approving Official Instructions for Use of the U.S. Government Credit

Card," which is issued by RMBCS. The AO will attempt to resolve disputed purchases or billing errors with the applicable merchant when the cardholder has been unsuccessful.

d. Cardholder. The cardholder is the individual to whom a card is issued. The card bears this cardholder's name and may only be used by the individual to pay for authorized U. S. Government purchases. A cardholder is the only authorized purchaser using the IMPAC. All purchases that will be paid for using the card must comply with FAR, DFARS, other related regulations and these implementing procedures. Credit cards will only be issued to employees that have been delegated authority (by warrant) to purchase materials and services in support of MCAS Yuma.

(1) Each cardholder must reconcile his/her monthly statement and forward the reconciled statement to the appropriate approving official. Detailed instructions are included in the cardholder instructional pamphlet, "Instructions for the Use of the U. S. Government Credit Card," issued by RMBCS. Any conflict arising between these procedures and MCAS and/or GSA Contract Provisions, shall be directed to the Dispute Office Contact (DOC).

(2) Each cardholder will be warranted on a Certificate of Appointment, SF 1402, which will specify the authorization for over the counter and/or telephone credit card purchases and the single purchase dollar limitation. In addition, the cardholder will receive an obligation letter which specifies the applicable approving official, single purchase limit, monthly and/or annual cardholder limit and any specific instructions to the cardholder. A sample cardholder delegation letter appears at enclosure (2).

e. Finance Office Contact (FOC). The FOC will receive the official invoice from RMBSC for all MCAS credit card transactions each month. Based on validation of the AO's certified monthly statements, the FOC will certify MCAS's official invoice (statement) and forward for payment per the GSA/FSS contract and the Prompt Payment Act.

The FOC is: Receipt Control Supervisor  
Address: Code 3KC2  
(520) 341-2725

f. Dispute Office Contact (DOC)

(1) This individual will coordinate, process and monitor all disputed purchases, credits or billing errors.

The DOC is: Contract Administrator  
Address: 3KGC  
(520) 341-2632

(2) The Commanding Officer of MCAS has designated the AOC, AAOC, DOC, and FOC using the form at enclosure (3). Copies of each designation will be provided to cardholders, AOs, AAOC, AOC, DOC and FOC.

5. Use of the IMPAC

a. Delegation of Authority. The Commanding Officer of MCAS may delegate authority via the AOC to individuals within the command to make credit card purchases upon completion of the NAVSUP Commercial Purchase Card Course For Micro Purchasers. Additionally, the individual must complete an Appointment Documentation Sheet and the Commanding Officer must issue a Certificate of Appointment, SF 1402. The Certificate of Appointment will state the specific type of credit card purchase and dollar limit for each cardholder. The AAOC will provide assistance and maintain the records of each credit card holder.

b. Setting Up the IMPAC Account. RMBCS will provide the AOC with the forms at enclosure (4). In addition to the required purchase card training, the proposed cardholder and AOs must receive training on the procedures in this instruction and the GSA/FSS Contract. The AOC will forward the completed forms to RMBCS. The VISA card will be mailed to the cardholder within 10 working days after the account set-up forms are received at RMBCS. When the cardholder receives the card, he/she must immediately notify RMBCS and the AOC that they have received the card.

c. Purchase Limitation. Use of the VISA card by a cardholder is currently subject to a single purchase limit of \$2500 (see below), and a total yearly limit of \$20,000. A monthly cardholder limit, and a monthly office limit (AO limit) will be set up determined by your requirements. Any change to the cardholder's single purchase or monthly limit will require a revised cardholder delegation letter and SF 1402. In addition, the form at enclosure (5) will be forwarded to RMBCS by the AOC.

(1) Single Purchase Limit. The single purchase limit applies to the total dollar amount of a single purchase by a cardholder. A single purchase using the card may include multiple line items. However, no single purchase may exceed the authorized single purchase limit established for each cardholder. Reference (b) established the following maximum thresholds for single purchase limits:

(a) \$2,500 or less for individuals not warranted for other small purchase methods.

(b) Single purchase limit for anyone using the card is \$2,500 per transaction for supplies and \$2,000 per transaction for NAVFAC services. Repair services cannot be performed for any item whose acquisition value exceeds \$100,000.

The type of credit card purchases authorized will be included in the cardholder delegation letter and SF 1402.

(2) Monthly Cardholder Limit. The monthly cardholder limit is a budgetary limit assigned by the AOC. The total dollar value of purchases when using the card for any single month may not exceed the monthly purchase limit set by the AOC. The monthly cardholder limit must be at least two times the cardholder's single purchase limit. The monthly cardholder limit will be stated in the cardholder delegation letter.

(3) Monthly Office Limit. The monthly office limit is a budgetary limit established by the AOC and assigned to an AO. The limit established shall not exceed the sum of all cardholder monthly limits under the purview of an approving official.

e. Authorization. Under normal circumstances, vendors are required to obtain authorization from RMBCS for purchases over \$50. However, many vendors now use electronic authorization methods allowing them to obtain authorization for all purchases regardless of amount. When authorization is sought by vendors, RMBCS' system will check each individual cardholder's single purchase limit, cardholder's monthly purchase limit, monthly office limit, and the type of vendor before authorization for that transaction will be granted. If purchase is denied, the cardholder should contact the AOC for explanation. Each cardholder will have a list of types of vendors authorized to conduct business using his/her card. Any change to types of authorized vendors will require completion of enclosure (5) by the AOC and submittal to RMBCS.

## 6. Conditions for Use

a. Prior to using the card, the cardholder must have the requisition screened by Supply Support Division (3KC) at Station Supply to ensure technical accuracy and that items are not available from existing inventories from government sources. If the cardholder chooses a commercial source of supply over Federal inventories, a justification is required per reference (a). The Supply Support Division Officer (3KC) can assist with/approve these requests.

b. The total dollar value of a single purchase using the VISA card may be comprised of multiple items, but cannot exceed the authorized single purchase limit of \$2500. Purchases shall not be split in order to stay within the single purchase limit.

c. A properly prepared requisition, to include the requisition number, must be provided for each purchase action.

d. Funds availability verification is required from the appropriate fund administrator prior to any purchase.

e. The cardholder shall not use his/her credit card to purchase any item for which he/she is the requiring agent, unless the item is to be delivered to a designated receiving office or such an action is specifically authorized by his/her approving official. Such authorization shall be documented in the purchase file.

f. All accountable minor property items purchased and paid for using the card must be reported to the Property Control Officer in accordance with current regulations.

g. Cardholders will advise the vendor that MCAS Yuma is only required to pay half of the Arizona State Sales Tax. We do not pay taxes from any other state. A notice of tax exemption is embossed on the VISA card. If a vendor questions our tax status, he/she should notify RMBCS at 1-800-227-6736 so the matter can be resolved.

h. All purchases shipped must be purchased on a free on board (FOB) destination basis to the Receiving Officer, Bldg 328E, MCAS Yuma, AZ 85369-9133 unless another delivery point is specified at time of purchase. Shipping charges must be added to the purchase price of the item and agreed upon at the time of purchase.

i. The mere fact that a vendor accepts the VISA card for a purchase does not authorize/justify the acquisition. The proper use of the VISA card always remains the personal responsibility of the individual cardholder.

#### 7. Prohibited Uses of the Purchase Card

a. In accordance with the GSA Contract Guide, the Government-wide Commercial Purchase Card **shall not** be used to buy or pay for the following items:

- (1) Cash advances (not permitted under any circumstances).

- (2) Rental or lease of land or buildings.
- (3) Telecommunications (telephone) services.

b. In addition, DoN activities shall **not** use the Government-wide Commercial Purchase Card to buy or pay for the following:

- (1) Gasoline or oil for DoN-owned aircraft, vessels, and vehicles; unless specifically authorized by the HCA/Procurement Management Review Office.
- (2) Rental or lease of motor vehicles, whether or not on official travel.
- (3) Repair of GSA-leased vehicles.
- (4) Expenses associated with official travel including transportation, lodging or meals. (This prohibition does not include requirements such as conference room rental.)
- (5) Hazardous materials, except commonly used hazardous materials. See paragraph 9c(1).
- (6) Purchases that require federal or military specifications.
- (7) Unpriced (not-to-exceed) services.
- (8) Rentals or leases over 30 days in duration.
- (9) When a bilateral purchase order is required (e.g., Foreign Military Sales, Classified requirements, etc.).

c. Government-wide Commercial Purchase Card account(s) may be used to pay for items discussed in paragraph 7b(5) through 7b(9) above, when payment is made in conjunction with another simplified acquisition method issued by Purchasing (GS-1105) or Contracting (GS-1102) personnel. The purchase card may be used to buy or pay for commonly used hazardous materials in accordance with the following procedures:

- (1) Comply with established local base or activity procedures for the procurement and use of hazardous material (HAZMAT). Such procedures shall at a minimum, require screening the requested material against the activity's authorized use list (AUL) and approval by the designated HAZMAT official of a contractor-provided Material Safety Data Sheet (MSDS).

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(2) Obtain pre-award approval by submitting a copy of a current contractor-provided MSDS along with the purchase request to the designated HAZMAT official.

(3) If the HAZMAT official approves the purchase, instruct the vendor that:

(a) Change in the material approved under this purchase is not permitted; and

(b) The shipping container must be labeled in accordance with direction in the Hazard Communication Standard (29 CFR 1910.1200 et. seq.).

(4) Proceed with the purchase card transaction.

d. In addition to the above restrictions, DoN activities' local operating procedures must also include any other items restricted by DoD, DoN or HCA instructions.

8. Ordering Procedures. VISA card purchases, made by other than the Supply Department, will be documented on the purchase requisition and identified by the document number as follows:

<u>UIC</u>	<u>JULIAN DATE</u>	<u>YOUR F/A</u>	<u>W#</u>
M62974	7024	J1	W1

This indicates the first credit card buy for the Comptroller Department on this particular day. The "W" indicates it is a credit card buy and the "1" indicates the first credit card requisition for that Julian date. If you need more than 10 requisitions in a day, you will begin with "A", "B", "C", etc. It is very important that your document be constructed in this manner because Financial Operations will not receive a copy of this document from the Supply Department. After the credit card purchase has been made, the requisition will be annotated with the amount of the purchase and input into SABRS as an "XSI" transaction, by the Fund Administrator. This transaction will Reserve, Obligate and Expense your document. They are not obligated by the Supply Department. If you fail to process your credit card purchase into SABRS when the Credit Card Liquidation is forwarded for payment, it will fail prevalidation, delay payment and accrue interest. Each cardholder will document purchases on a monthly credit card log identified in enclosure (6).

a. In-store/Over-the-Counter Purchase

(1) All items purchased over-the-counter must be immediately available. No back-ordering or partials allowed.

(2) The cardholder must present his/her Government ID at the time of purchase. The Government ID number must be annotated by the vendor on the charge slip.

b. Telephone Purchases

(1) All items purchased by telephone must be delivered by the merchant within the established 30 day billing cycle. The order shall not be placed by the cardholder without this assurance from the merchant.

(2) All items purchased during one telephone transaction shall be delivered in a single delivery. If an item is not immediately available, no back-ordering is allowed.

(3) If material is to be shipped, the cardholder must obtain vendor's agreement not to invoice the VISA card until the material has been shipped. In addition, the designated receiver, Station Supply, unless otherwise identified by your Department Head (a person other than the cardholder), must be instructed to forward proof of receipt and acceptance (a signature on a sales slip) to the cardholder within 48 hours of receipt of material.

(4) If material is shipped, the vendor must be instructed to annotate the following information on the packing slip or shipping document:

- Name of vendor
- Date of order
- Credit card order number
- Delivery or ship date
- Itemized list of supplies
- Receiving address

(5) If material is to be picked up, the vendor must be instructed to annotate the sales slip with the name and government ID number of the individual picking up the material as well as the credit card order number.

9. File Documentation

a. Properly prepared and approved purchase requisition.

b. Buyer's Worksheet (use form at enclosure (7)):

- Name of vendor
- Address of vendor
- Vendor's phone number
- Vendor's point of contact
- Business size
- Prices quoted
- Delivery time and place
- Other miscellaneous information
- Arizona tax (we only pay 1/2 of the authorized state sales tax)

c. Documentation of proper purchase procedures (i.e., technical screening), property considerations, required approvals (i.e., a tech stamp or MCP stamp), small or large business.

d. Evidence of award will be documented on the purchase requisition and will consist of the following elements.

- Name of vendor
- Order number
- Date of order
- Amount of order
- Signature of cardholder

e. Proof of Purchase (sales slip or packing slip).

f. Evidence (signature) of receipt and acceptance; either by the cardholder, the warehouseman and/or the actual end user.

g. Any miscellaneous documentation and related forms.

In addition to the above documentation, the cardholder will make an entry in the Monthly Cardholder's Log, enclosure (6), for each purchase and will maintain a running balance on a monthly basis.

10. Inability of Contractor to Utilize the Credit Card or to Comply with Special Provisions.

a. Credit cards are not intended to replace all methods of small purchase. The fact that a contractor will not accept credit cards is not an acceptable reason for refusing to do business with that contractor. Requirements that cannot be filled using the card should be processed through normal purchase procedures.

b. If a contractor cannot or will not annotate receipts with required information, the requisition should be processed through normal purchase procedures.

c. In no instance shall a Government employee encourage or require a contractor to accept the credit card as a prerequisite for doing business with the Government.

11. Statement Reconciliation and Verification Procedures. The Navy/Marine Corps statement cut-off date is the 21st day of each month. Within 5 days of this date, statements of account are sent to each cardholder, AO, and FOC (a Sample Statement of Account is at enclosure (8)). The responsibilities of the cardholder, AO, and FOC are as follows:

a. Cardholder. Upon receipt of the VISA statement, the cardholder must complete the following actions within 5 working days:

(1) Review the statement for accuracy and identify the charges to the Purchase Request (PR) which generated the purchase (See paragraph 7). This is accomplished by matching the PRs in the "VISA file" for the respective month to each line entry on the VISA statement.

(a) Any PR which cannot be matched to an entry on the VISA statement due to the material being outstanding will be moved to the next month's "VISA file."

(b) After two billing cycles, any PR which has not been matched to a VISA statement yet the material has been received, will be brought to the attention of the DOC to determine why a billing has not been received.

(2) Enter a description of each item or group of items purchased on each "description" line of the statement.

(3) To certify an item for payment enter the complete PR number in the "ACCTG CODE" block of the statement for each purchase action.

(4) Attach the packing list, invoice, sales slip or VISA card receipt for each purchase action to the statement. The card holder will only certify items for which proof of purchase and evidence of receipt and acceptance is documented in the purchase file.

(5) Attach the original PR and all other supporting documentation to the statement.

(6) If an item is billed incorrectly or an item is faulty or defective, the cardholder must first try to resolve the problem with the vendor and obtain a replacement or credit voucher. If a credit voucher is issued, request the vendor to FAX a copy for the cardholder's file. If a cardholder is unable to obtain a replacement or credit, the Statement of Questioned Item form at enclosure (9) must be completed, a copy retained for the cardholder's file, and the original forwarded to the AO with the monthly statement. This form should not be completed if sales tax is the questioned charge. Any unsuccessful attempt to obtain a replacement item or credit voucher will be documented in the purchase file and the AO will contact the applicable vendor to resolve the issue.

(7) If the purchase or credit does not appear on the next monthly statement, the cardholder or approving Official must immediately notify the DOC of the dispute so that he/she can help resolve and reconcile the statement. The cardholder should maintain supporting documents to ensure that billing errors and disputes are reconciled in future months.

(8) If the cardholder does not have documentation of the transaction to send with the statement, they must attach an explanation that includes a description of the item, date of purchase, merchant's name, and why there is no supporting documentation.

(9) The cardholder must sign each page of the monthly statement and forward it to the approving official within 5 working days of receipt. In the absence of the cardholder, the AO will review and certify the cardholder's statement. The AO will confer with the cardholder, upon his/her return, to go over the cardholder's statement and submit the signed original.

b. Approving Official. The statement received by the AO is a summary of all monthly purchases for each cardholder. The AO has 2 working days to verify the cardholder's statements, certify, and forward all cardholder and AO statements to the FOC. The AO will also perform the following:

(1) In the absence of the cardholder, locate the cardholder's files and reconcile the cardholders statement following the same procedures outlined in paragraph 10a.

(2) Review the cardholder's statement and insure each purchase is for "Official Government Business." The AO will request explanation from the cardholder regarding any questionable purchase. If the purchase is still questionable, the AOC will be informed and the situation investigated using normal MCAS procedures.

(3) Attempt to settle any disputed charge with the vendor when the cardholder's attempt has been unsuccessful.

(4) Review, certify and sign the monthly summary statement, holder statements, including supporting documentation, to the FOC within 2 working days of receipt to avoid late payment penalties.

c. Finance Office Contact. The statement received by the FOC will serve as the Official invoice and will be subject to interest penalties in accordance with the Prompt Payment Act if not paid in a timely manner. The FOC may not certify the official invoice for payment until all (with exceptions) cardholders and AO statements have been received, certified, and reviewed by the FOC. The FOC is responsible to:

(1) Coordinate with the DOC to consolidate all statements of questioned items for items still in dispute (do not include sales tax problems). The originals should be mailed to RMBCS and a copy retained until the dispute is settled and/or a credit is received.

(2) Identify all disputed items that will not be certified for payment on the Notification of Invoice Adjustment form, enclosure (10). This form should accompany the payment sent to RMBCS.

(3) Certify the official invoice for payment and forward the invoice, certification and notification of invoice adjustment form to the Authorized Payment Activity.

(4) File all cardholder documentation including cardholder's log in a central location for future references and audit purposes.

12. Contact with RMBCS. RMBCS should be contacted only to report a LOST OR STOLEN card (procedures in paragraph 13 of this order). All other questions should be directed to the contacts listed in this order. The AOC is to make all official contact with RMBCS regarding issues involving MCAS and RMBCS.

13. Lost or Stolen Cards. If a card is lost or stolen, it is important that the cardholder immediately notify Rocky Mountain BankCard System, Inc., at the following numbers:

Weekdays: (800) 525-3717, Ext 3900

Evenings and Weekends: (800) 525-5093

The cardholder must also notify the approving official of the lost or stolen card within one working day after discovering the card missing. The AO will submit a written report to the AOC within 2 working days. The report will include:

- (1) Card number.
- (2) Cardholder's complete name.
- (3) Date and location of the loss.
- (4) If stolen, provide date reported to police.
- (5) Date and time RMBCS was notified.
- (6) Any purchase(s) made on the day the card was lost/stolen.
- (7) Any other pertinent information.

A new card will be mailed within 2 business days of the reported loss or theft. A card that is subsequently found by the cardholder after being reported lost or stolen will be cut in half and given to his/her AO. The AO will complete the cardholder Account Maintenance form at enclosure (5), for destruction of the card, and forward the card and form to the AOC (Station Supply Code 3KG).

14. Card Security. It is the cardholder's responsibility to safeguard the credit card and account number at all times. The cardholder must not allow anyone to use his/her card or account number. A violation of this trust will require that the card be withdrawn from the cardholder with the possibility of subsequent disciplinary action.

15. Separation of Cardholder. Upon separation/transfer of a cardholder from MCAS, the cardholder must surrender the card to his/her AO who will complete the destruction notice and forward the card and notice to the AOC.

16. Unauthorized Purchases or Careless Use of the IMPAC. A cardholder who makes unauthorized purchases or carelessly uses the card will be liable to the Government for the total dollar amount of unauthorized purchases made in connection with the misuse or negligence. Also, the cardholder may be subject to disciplinary action for unauthorized or careless use. INTENTIONAL USE OF THIS IMPAC CARD FOR OTHER THAN OFFICIAL GOVERNMENT BUSINESS WILL BE CONSIDERED AN ATTEMPT TO COMMIT FRAUD AGAINST THE U.S. GOVERNMENT and may result in immediate cancellation of an individual's

card and disciplinary action. Misuse of the credit card could result in a fine of not more than \$5,000 and imprisonment of 5 years or both, under Title 18 USC 287.

17. Audit and Review. MCAS AOC or other delegated officials will audit Statements of Account and purchasing activities at random. Questionable purchases will be brought to the attention of the applicable cardholder and AO for explanation. Actions still questionable will be investigated using normal MCAS procedures.

a. Semi-annual Review. To ensure continued compliance with proper procurement procedures, Code 3KGC (DOC) will conduct a semiannual review of all credit card purchase files. A copy of the report from this review will be sent to the cardholder, AO and AOC.

b. HCA Review. The HCA, or his/her designee who granted contracting authority, shall review the program as part of the regularly scheduled Procurement Management Review.

18. Summary of Revision. This order has been changed throughout and requires complete review.

  
C. J. TURNER

DISTRIBUTION: A plus 3KA (15)

StaO 4226.1A  
09 APR 1997

SAMPLE APPROVING OFFICIAL'S DELEGATION LETTER

4200  
CODE  
DATE

MEMORANDUM

From: Contracting Officer, Supply Department, Marine Corps Air Station  
Yuma, AZ 85369-9133

To:

Subj: APPOINTMENT OF CREDIT CARD APPROVING OFFICIAL

Ref: (a) StaO 4226.1A

1. The Marine Corps Air Station Supply Department, Yuma has undertaken the use of the IMPAC Credit Card for certain small purchases. You are hereby appointed as the Approving Official (AO) for a select number of your employees. Reference (a) provides detailed instruction regarding your duties as an AO. The list of employees under your purview follows:

a.

b.

2. Your office limit for a 30-day period is: \$\_\_\_\_\_.

3. Should you have any questions concerning the instructions or your authority, please contact the AOC, Code 3KG, at extension 2790.

Signature Block

Copy to:  
AOC

ENCLOSURE (1)

SAMPLE CARDHOLDER'S DELEGATION LETTER

4200  
CODE  
DATE

MEMORANDUM

From: Contracting Officer, Supply Department, Marine Corps Air Station  
Yuma, AZ 85369-9133

To:

Subj: DELEGATION OF AUTHORITY FOR USE OF THE IMPAC CREDIT CARD

Ref: (a) StaO 4226.1A

1. Pursuant to the authority vested in the undersigned and in accordance with Subpart 1.6 of the Federal Acquisition Regulation and 201.6 of the Defense Federal Acquisition Regulation Supplement, I hereby appoint you as an agent of the Federal Government, and delegate specific procurement authority to use the IMPAC via telephone or over the counter within the following parameters:

- a. Single Purchase Limit: \$2,500
- b. Cardholder Limit Per Year: \$20,000

2. A credit card will be issued to you on which will be embossed your name and account number. This delegation is effective upon receipt of your credit card and is subject to periodic review. The delegated authority is valid until otherwise formally suspended, modified or canceled. The Approving Official of your office who is responsible for the review and approval of all purchases executed under this delegation is \_\_\_\_\_.

3. Use of the credit card requires adherence to the general and specific instructions addressed in reference (a).

4. Should you have any questions concerning the instructions or your delegated authority, please contact the AOC, Code 3KG, at extension 2790.

Signature Block

ENCLOSURE (2)

**MCAS DESIGNATION OF KEY POSITIONS FOR THE IMPAC PROGRAM**

1. Administrative Office Contact (AOC):
  
2. Contracting Officer's Representative (COR):
  
3. Disputes Office Contact (DOC):
  
4. Finance Office Contact (FOC):

NOTE: \_\_\_\_\_ delineates duties and responsibilities for all positions listed above.

\_\_\_\_\_  
Commanding Officer's Signature

\_\_\_\_\_  
Date of Designation

# I.M.P.A.C. PROCUREMENT PROGRAM CARDHOLDER ACCOUNT SET-UP INFORMATION

**INPUT FOR:**

LEVEL 1 NUMBER \_\_\_\_\_ Office Name \_\_\_\_\_  
LEVEL 2 NUMBER \_\_\_\_\_ Office Name \_\_\_\_\_  
LEVEL 3 NUMBER \_\_\_\_\_ Office Name \_\_\_\_\_  
LEVEL 4 NUMBER \_\_\_\_\_ Office Name \_\_\_\_\_

**NOTE: USE ONLY THE NUMBER OF SPACES PROVIDED. USE NO PUNCTUATION.**

**SET-UP INFORMATION (REQUIRED)**

APPROVING OFFICIAL  
ACCOUNT NUMBER \_\_\_\_\_ (Complete if Approving Official

NAME \_\_\_\_\_ Account already exists.)

CARDHOLDER NAME \_\_\_\_\_ (Line 1)  
(first name, middle initial, last name)

DEPT/AGENCY/OFFICE NAME \_\_\_\_\_ (Line 2)

ADDRESS ONE \_\_\_\_\_ (Line 3)

ADDRESS TWO \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ (Line 4)

ZIP \_\_\_\_\_ (Line 5)

TELEPHONE NUMBER \_\_\_\_\_

**SPENDING LIMITS/ACTIVITY CODE**

30-DAY LIMIT \_\_\_\_\_ (\$100 increments only. Examples: 02500 not 02550.)  
(Amounts over \$99,900 complete as shown; i.e., \$120,000 = 12009.)

SINGLE PURCHASE LIMIT \_\_\_\_\_ (Up to \$100,000 in \$50 increments.)

MERCHANT ACTIVITY TYPE \_\_\_\_\_ (Zero fill to the left.)

**OTHER ACCOUNT INFORMATION (OPTIONAL)**

USER FIELD 1 \_\_\_\_\_ EMBOSS DESTINATION \_\_\_\_\_ (Select Destination: P=Program Coordinator,  
B=Billing Office, or D=Dispute Office AND Level: 2=Level 2, 3=Level 3, 4=Level 4.)

CARD SUPPRESSION Y (Circle if requested.) USER FIELD 2 \_\_\_\_\_  
(First Eight Digits Show On Card)

AGENCY TAX EXEMPT # \_\_\_\_\_

EFFECTIVE DATE (MMDDYY) \_\_\_\_\_

MASTER ACCOUNTING CODE \_\_\_\_\_

**CONTRACTOR USE ONLY:**  
REC'D DATE \_\_\_\_\_  
INPUT/VERIFY DATE \_\_\_\_\_  
REJECT REASON \_\_\_\_\_  
 NEED A.O. ACCT # OR A.O. SET UP  
 NEED AUTHORIZED SIGNATURE  
 MISSING INFORMATION

**INPUT SUBMITTED BY:**

Authorized  
Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date: \_\_\_\_\_

**SEND REQUEST TO:**

I.M.P.A.C. CUSTOMER SERVICE  
Rocky Mountain BankCard System  
P.O. Box 173309, Denver, CO 80217-9566  
1-800/227-6736

**CONTRACTOR USE ONLY**

ASSIGNED ACCOUNT NUMBER \_\_\_\_\_ BATCH # \_\_\_\_\_

# I.M.P.A.C. PROCUREMENT PROGRAM APPROVING OFFICIAL ACCOUNT SET-UP INFORMATION

NOTE: FILL IN ONLY ONE CHARACTER PER SPACE. USE NO PUNCTUATION.

**INPUT FOR:**

LEVEL 1 NUMBER \_\_\_ Office Name \_\_\_\_\_

LEVEL 2 NUMBER \_\_\_ Office Name \_\_\_\_\_

LEVEL 3 NUMBER \_\_\_ Office Name \_\_\_\_\_

LEVEL 4 NUMBER \_\_\_ Office Name \_\_\_\_\_

**NOTE: USE ONLY THE NUMBER OF SPACES PROVIDED. USE NO PUNCTUATION.**

**SET-UP INFORMATION (Required)**

OFFICE NAME \_\_\_\_\_ (Line 1)

APPROV OFFICIAL NAME \_\_\_\_\_ (Line 2)  
(first name, middle initial, last name)

ADDRESS ONE \_\_\_\_\_ (Line 3)

ADDRESS TWO \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ (Line 4)

ZIP \_\_\_\_\_ (Line 5)

TELEPHONE NUMBER \_\_\_\_\_

OFFICE LIMIT \_\_\_\_\_ (\$100 increments only. Examples: 02500 not 02550.)  
(Amounts over \$99,900 complete as shown; i.e., \$120,000 = 12009)

**OTHER ACCOUNT INFORMATION (Optional)**

EFFECTIVE DATE \_\_\_\_\_ (MMDDYY)

ACCOUNT NUMBER \_\_\_\_\_ (Contractor use only.)

**CONTRACTOR USE ONLY:**

REC'D DATE \_\_\_\_\_

INPUT/VERIFY DATE \_\_\_\_\_

REJECT REASON \_\_\_\_\_

CALLED/RETURNED/COMMENTS \_\_\_\_\_

\_\_\_\_\_

FORM INCOMPLETE

NEED AUTHORIZED SIGNATURE

**INPUT SUBMITTED BY:**

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

**SEND REQUEST TO:**

I.M.P.A.C. CUSTOMER SERVICE  
Rocky Mountain BankCard System  
P.O. Box 173309, Denver, CO 80217-9566  
1-800/227-6736

I.M.P.A.C. PROCUREMENT PROGRAM  
CARDHOLDER ACCOUNT MAINTENANCE

StaO 4226.1A  
09 APR 1997

CHANGES/UPDATES

013 FILE CODE

CANCELLATION

CARD DESTRUCT  
(DESTROY CARD)  
DO NOT RETURN CARD TO  
ROCKY MOUNTAIN BANKCARD  
SYSTEM

038 CONTRACTOR  
USE ONLY

CHECK BOTH BOXES  
IF APPLICABLE

CARDHOLDER \_\_\_\_\_  
(Name as it appears on the bank card file)

ACCOUNT NUMBER \_\_\_\_\_

**NOTE: USE ONLY THE NUMBER OF SPACES PROVIDED. USE NO PUNCTUATION. FILL IN ONLY THE INFORMATION BELOW THAT IS TO BE CHANGED.**

CARDHOLDER NAME \_\_\_\_\_ (Line 1)  
(first name, middle initial, last name)

DEPT/AGENCY/OFFICE NAME \_\_\_\_\_ (Line 2)

ADDRESS ONE \_\_\_\_\_ (Line 3)

ADDRESS TWO \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ (Line 4)

ZIP \_\_\_\_\_ (Line 5)

TELEPHONE NUMBER \_\_\_\_\_

MERCHANT ACTIVITY TYPE \_\_\_\_\_

SINGLE PURCHASE LIMIT \_\_\_\_\_

30-DAY LIMIT \_\_\_\_\_

REISSUE CARD Y CIRCLE IF REQUESTED

USER FIELD 1 \_\_\_\_\_

USER FIELD 2 \_\_\_\_\_

MASTER ACCOUNTING CODE \_\_\_\_\_

AGENCY TAX EXEMPT # \_\_\_\_\_

COMPLETE THE FOLLOWING FOR CARDHOLDER TO APPROVING OFFICIAL TRANSFER ONLY:

APPROVING OFFICIAL NUMBER \_\_\_\_\_ CYCLE DATE \_\_\_\_\_

INPUT SUBMITTED BY:

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

CONTRACTOR USE ONLY:

REC'D DATE \_\_\_\_\_

INPUT/VERIFY DATE \_\_\_\_\_

REJECT REASON \_\_\_\_\_

NEED A.O. ACCT # OR A.O. SET UP

NEED AUTHORIZED SIGNATURE

MISSING INFORMATION

SEND REQUEST TO:

I.M.P.A.C. CUSTOMER SERVICE

Rocky Mountain BankCard System

B.O. Box 173309, Denver, CO 80217-9566

1-800/227-6736





**SAMPLE STATEMENT OF ACCOUNT**

MCAS - CONTRACTS DIV  
 KATHY PERRONE  
 RECEIPT CONTROL - 3 KG  
 BOX 99133 MCAS  
 YUMA AZ 85369-9133

**CARDHOLDER**

MCAS CONTRACTS DIV  
 BOX 99133  
 3 KGA  
 YUMA AZ 85369-9133

PAGE>	
CARDHOLDER ACCOUNT>	
APPROVING OFF ACCOUNT>	
ACCOUNTING CODE>	
STATEMENT DATE>	
TOTAL>	

**APPROVING OFFICIAL**

CONTRACTS DIVISION  
 MADELINE SIZEMORE  
 BOX 99133  
 3 KGA  
 YUMA AZ 85369-9133

**STATEMENT OF ACCOUNT U.S. GOVERNMENT CREDIT CARD**

GOOD NEWS! EFFECTIVE IMMEDIATELY, NAVY CARDHOLDERS CAN USE THEIR I.M.P.A.C. TO OBTAIN FIRM-FIXED PRICE, COMMERCIALY AVAILABLE SERVICES. CONTINUE TO USE THE APPROPRIATE PURCHASING METHOD FOR UNPRICED REQUIREMENTS.

PURCHASE DATE / PROCESSING DATE	MERCHANT NAME	AMOUNT
REFERENCE NUMBER	MERCHANT LOCATION / SIC CODE	
09/26/95*XV 09/26 24692165269000154061	MICRO WAREHOUS 800-285-7080 NJ 5964	
DESCRIPTION <u>N62974-95-W-</u> ACCTG CODE _____		
09/27/95 XV 09/28 24071055271253977197	NATIONWIDE COMP DIR EDISON NJ 5964	
DESCRIPTION <u>N62974-95-W-</u> ACCTG CODE _____		
09/28/95 XV 09/29 74654015272145042943	COM/THERAPY SKILL BLDR ORLANDO FL 5968	
DESCRIPTION <u>N62974-95-W-</u> ACCTG CODE _____		

**CARDHOLDER CERTIFICATION STATEMENT**

"I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE AND MADE IN GOOD FAITH, AND SUBJECT TO TITLE 18 U.S. CODE, SECTION 1001."

\_\_\_\_\_  
 CARDHOLDER SIGNATURE                      DATE                      APPROVING OFFICIAL SIGNATURE                      DATE

PURCHASES MADE WITH THE CREDIT CARE ARE IN MOST INSTANCES EXEMPT FROM STATE AND LOCAL TAXES. IT IS IMPORTANT THAT YOU ADVISE THE MERCHANT OF THIS BEFORE THE PURCHASE IS AUTHORIZED OR THE BILLIS PREPARED.

**ROCKY MOUNTAIN BANKCARD SYSTEM<sup>®</sup>**  
**I.M.P.A.C.<sup>®</sup> PROGRAM**  
**CARDHOLDER STATEMENT OF QUESTIONED ITEM**  
 (Please print or type in black ink.)

Sta0 4226.1A  
**09 APR 1997**

CARDHOLDER NAME (please print or type) \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ (AREA CODE) TELEPHONE NUMBER \_\_\_\_\_

The transaction in question as shown on Statement of Account:  
 Transaction Date \_\_\_\_\_ Reference Number \_\_\_\_\_ Merchant \_\_\_\_\_ Amount \_\_\_\_\_ Statement Date \_\_\_\_\_

Please read carefully each of the following situations and check the one most appropriate to your particular dispute. If you have any questions, please contact us at 800/227-6736. We will be more than happy to advise you in this matter.

1. **UNAUTHORIZED MAIL OR PHONE ORDER**  
 I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.
2. **DUPLICATE PROCESSING - THE DATE OF THE FIRST TRANSACTION WAS \_\_\_\_\_.**  
 The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times.
3. **MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF \$ \_\_\_\_\_.**  
 My account has been charged for the above transaction, but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved. (Please provide a separate statement detailing the merchant contact, and the expected date to receive merchandise.)  
 My account has been charged for the above listed transaction. I have contacted this merchant on \_\_\_\_\_ (date) and canceled the order. I will refuse delivery should the merchandise still be received.
4. **MERCHANDISE RETURNED IN THE AMOUNT OF \$ \_\_\_\_\_.**  
 My account has been charged for the above listed transaction, but the merchandise has since been returned  
\*Enclosed is a copy of my postal or UPS receipt.\*
5. **CREDIT NOT RECEIVED**  
 I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed. (Please provide a copy of this voucher with this correspondence.)
6. **ALTERATION OF AMOUNT**  
 The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount for which I signed. The difference of amount is \$ \_\_\_\_\_.
7. **INADEQUATE DESCRIPTION/UNRECOGNIZED CHARGE**  
 I do not recognize this charge. Please supply a copy of the sales draft for my review. I understand that when a valid copy is sent to me, a Statement of Questioned Item Form must be provided and will include the copy of the sales draft if a further dispute exists. If a copy of the sales draft cannot be obtained, a credit will appear in my account.
8. **COPY REQUEST**  
 I recognize this charge, but need a copy of the sales draft for my records.
9. **SERVICES NOT RECEIVED**  
 I have been billed for this transaction, however, the merchant was unable to provide the services.  
 Paid for by another means. My card number was used to secure this purchase, however final payment was made by check, cash, another credit card, or purchase order. (Enclosed is my receipt, canceled check (front & back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means.)
10. **NOT AS DESCRIBED**  
 (Cardholder must specify what goods, services, or other things of value were received.) The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must have attempted to return the merchandise and state so in their complaint.) \_\_\_\_\_
11. If none of the above reasons apply - please describe the situation:  
 \_\_\_\_\_  
 \_\_\_\_\_

(Note: Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper, if necessary, and sign your description statement.)

MAIL TO: I.M.P.A.C. Customer Service, P.O. Box 173309, Denver, Colorado 80217-9566

CSQI-R0494  
 ENCLOSURE (9)

Please send this notification of adjustment form as a backup when the amount paid is different than the amount of this invoice.

File Code

Page \_\_\_ of \_\_\_

I.M.P.A.C.® PROGRAM

NOTIFICATION OF INVOICE ADJUSTMENT

AGENCY NAME \_\_\_\_\_ LEVEL 1# \_\_\_\_\_ LEVEL 2# \_\_\_\_\_ LEVEL 3# \_\_\_\_\_ LEVEL 4# \_\_\_\_\_  
 INVOICE DATE \_\_\_\_\_ INVOICE NUMBER \_\_\_\_\_ INVOICE AMOUNT \_\_\_\_\_  
 (This number must be included on warrant or check.)

THE FOLLOWING ITEMS ON THE ABOVE-REFERENCED INVOICE ARE AMOUNTS (CREDITS OR DEBITS) NOT PAID OR ACCEPTED:

ITEM #	CARDHOLDER ACCOUNT #	PROC. DATE	MERCHANT NAME	TRANSACTION AMOUNT (ADDITIONS)	MM/YY* WHERE AMOUNT IS TO BE APPLIED(+)	TRANSACTION AMOUNT (SUBTRACTIONS)	REASON FOR NON-PAYMENT (-)
1							
2							
3							
4							
5							
6							
7							
8							
				Totals (+)		Totals (-)	

\* NOTE: If you are paying or not accepting a credit for a prior item, please note invoice date that should receive this part of the payment.

SEND FORM TO:

Rocky Mountain BankCard System, Inc.  
 Attn: I.M.P.A.C. Payments  
 P.O. Box 17020  
 Denver, Colorado 80217

PHONE INQUIRIES:

I.M.P.A.C. Customer Service  
 1-800/227-6736

FORM SUBMITTED BY:

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date: \_\_\_\_\_

Indicate Payment Method:

< > FRB Funds Transfer  
 < > Treasury Check  
 < > Vendor Express (ACH)  
 (Vendor Express #VXP892300015)  
 (ABA #10200021)

I.M.P.A.C. CHECK BALANCING REGISTER

Invoice Total \$ \_\_\_\_\_  
 Less Adjustments (-) \$( \_\_\_\_\_ )  
 (Questioned Items)  
 Add any Interest Penalty amounts \$ \_\_\_\_\_  
 Add any part of payment that is being applied to a previous invoice(+) \$ \_\_\_\_\_  
 Total of Check/Wire being sent \$ \_\_\_\_\_