



## How to Complete the Purchase Card Applications and Hierarchy Setup and Maintenance Forms

# Training Topics

## Overview of Hierarchy Setups

### Card Issuance:

- Purchase Card

### Hierarchy:

- Setup
- Maintenance

### Most Common Rejection Reasons for Applications:

- Purchase Card Application
- Hierarchy Maintenance Form
- Reporting Hierarchy Setup Form



## Training Summary

# Training Objectives

- After completing this training users will be able to successfully:
  - Understand the processing/reporting hierarchies and their history
  - Decide which application or form meets their specific need
  - Access the application or form needed
  - Complete and submit forms without errors



# Overview of Hierarchy Setups

- The USDA Charge Card Program is built on a Hierarchy System maintained by US Bank and their processor TSYS
- New Hierarchies may only be created by the Agency Program Coordinator (APC) after delegation of authority by the Head of the Contracting Activity Designee (HCAD)
- Hierarchies are used to control segregation of duties throughout the USDA Charge Card program:
  - Agency Program Coordinator (APC): Sits at the top of each Agency's Hierarchy at the Level 3 (Agency) where they can see all cardholders within their Agency
  - Local Agency Program Coordinator (LAPC): Sits below the APC at the Level 4 (Agent) or Level 5 (Company) where they can see all Approving Officials and Cardholders in their hierarchy
  - Approving Official (AO): Sits at the Level 6 (Division) and only have the ability to see the Cardholders under their hierarchy
- The [Reporting Hierarchy Setup Form](#) is used to create new Level 4 (Agent) and Level 5 (Company) builds that are assigned by US Bank



# Overview of Hierarchy Setups, cont'd.

- USDA is utilizing US Bank's processing and reporting hierarchy functionalities to administer the purchase card program, the chart below depicts the structure of the processing and reporting levels:

Reporting Hierarchy Level	Processing Hierarchy	Role
1 (00012)		(USDA)
2 (01201)		(Purchase Card Program)
3 (APC)		APC
4	Agent	Regional/Area APC or LAPC
5	Company	LAPC
6	Division	AO
7	Department	AO

- Hierarchies were created to assign differing levels of responsibility within Access Online:
  - Level 1-2: USDA
  - Level 3: APC
  - Level 4: APC/LAPC
  - Level 5: LAPC
  - Level 6-7: Approving Official



# CCSC Statistics

For 3<sup>rd</sup> Quarter of FY13 the CCSC:

- Reviewed 447 Hierarchy requests, 23% were returned
- Reviewed 419 Purchase card requests, 36% were returned

# Card Issuance: Purchase Cardholder Application

## ■ Cardholder Request for Purchase Card Application:

Who should use the application?	Potential purchase cardholders identified in their agency by an APC, LAPC, or AO. The Purchase card is used to make office purchases as defined in the Departmental Regulation 5013-6. The application is not used for Travel or Fleet cards.
What is the purpose of the application?	The application is mandatory to receive a Purchase card. Completion of the application determines if a user meets eligibility requirements.
Process to receive the purchase card?	To receive a Purchase card, a user and their AO must complete the form in its entirety without errors. Five mandatory training certificates must also accompany the application's submission to the CCSC Inbox.



# Card Issuance: Purchase Cardholder Application

- Access the *Cardholder Request For Purchase Card* application on the [CCSC Web site](#)
- Form last updated July 1, 2013
- Three sections of the application:
  - Cardholder Information
  - Approving Official Information
  - For LAPC/APC Use Only (Processing and Reporting Hierarchies)



# Card Issuance: Purchase Cardholder Application Cardholder Information Section

## ■ Cardholder Information Section

<b>CARDHOLDER REQUEST FOR PURCHASE CARD</b>	
<b>Cardholder Information:</b> <span style="float: right;"><i>*All fields are required information</i></span>	
Name:	<input type="text"/>
<i>(Name listed above must match the applicant's name on record with the USDA's HR Department)</i>	
Agency/Division/Office: <i>(21 characters max)</i>	<input type="text"/>
Third Line Embossing:	<input type="text"/>
<i>(The first 8 characters will be embossed on the card)</i>	
Address 1:	<input type="text"/>
<i>(36 characters max)</i>	
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip-code:	<input type="text"/>
Telephone No.:	<input type="text"/>
E-mail Address:	<input type="text"/>
Single Purchase Limit:	<input type="text"/>
Monthly Office Limit:	<input type="text"/>
Line of Accounting:	<input type="text"/>
<b>*BOC: 2670</b>	
<i>(Copy &amp; Paste the Line of Accounting directly from Access Online)</i>	
Are Convenience Checks necessary:	<input type="checkbox"/> Yes <input type="checkbox"/> No
APC/LAPC:	<input type="checkbox"/> Yes <input type="checkbox"/> No
AO:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of (5) Training Certificates attached:	<input type="checkbox"/> Yes
Foreign National:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.	
<input type="text"/>	<input type="text"/>
Signature of Cardholder	Date



# Card Issuance: Purchase Cardholder Application Cardholder Information Section, cont'd.

Field	Correct Use	Specifications
Name	Jane Doe	Use legal name as it appears in USDA employee personnel files
Agency/Division/Office	USDA FS R1	Maximum 21 characters
Third Line Embossing	USDA ARS	Maximum 8 characters
Address 1 & 2	300 7 <sup>th</sup> St SW Room 112	Maximum 36 (Address 1) and 35 (Address 2) characters, business address where card is mailed
City/State/Zip Code	Washington, DC 20250	Must be a recognized postal combination
Telephone No.	202-669-9999	Maximum 10 digits, office number
E-mail Address	<a href="mailto:Jane.doe@dm.usda.gov">Jane.doe@dm.usda.gov</a>	Must be a government issued e-mail address
Single Purchase limit	SPL is ≤ \$3,000	A warrant certificate must be submitted for any amount over \$3,000
Monthly Office limit	Any value ≥ SPL	The monthly office limit must be greater than or equal to the single purchase limit



# Card Issuance: Purchase Cardholder Application Cardholder Information Section, cont'd.

Field	Correct Use	Specifications
Line of Accounting (DAC)	110419WFPR1913 (BOC)2670	Must be valid for current FY, *BOC is pre-populated to 2670
Are Convenience Checks Necessary?	Check Yes or No	Check Yes or No
APC/LAPC and AO	Check Yes or No (for each)	If you are an APC/LAPC/AO this must be verifiable in AXOL
Copy of 5 Training Certificates attached	Attach the five mandatory training certificates (PDF them)	Access Training here: <ul style="list-style-type: none"> <li>• <a href="#">U.S. Bank Access® Online Web - Based Training</a></li> <li>• <a href="#">USDA Government Purchase Card Ethics Training</a></li> <li>• <a href="#">New Green Purchasing Training for Cardholders</a></li> <li>• <a href="#">Section 508 Compliance</a></li> <li>• <a href="#">AbilityOne Program Training</a></li> </ul>
Foreign National	Check Yes or No	Check Yes or No
Signature of Cardholder Signature/Date	Original signature and date required before made into a PDF	Do not send electronic signatures, application must be signed/dated within a 30 day period of submission



# Card Issuance: Purchase Cardholder Application Approving Official Information Section

- Approving Official Information Section

**Approving Official Information:**

Name:

Agency/Division/Office:

Address:

City:  State:  Zip code:

Telephone No.:  E-mail Address:

Copy of AXOL Training Certificate attached:  Yes  No

I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.

Signature of Approving Official Date



# Card Issuance: Purchase Cardholder Application Approving Official Information Section, cont'd.

Field	Correct Use	Specifications
Name	Jane Doe	Use legal name as it appears in USDA employee personnel files
Agency/Division/Office	USDA FS R1	Maximum 21 characters
Address	300 7 <sup>th</sup> St SW Room 112	Business address of AO's work site
City/State/Zip Code	Washington, DC 20250	Must be a recognized postal combination
Telephone Number	202-666-9332	10 Digits, office number
E-mail Address	<a href="mailto:Jane.doe@dm.usda.gov">Jane.doe@dm.usda.gov</a>	Must be a government issued e-mail address
Copy of AXOL Training Certificate Attached	Yes or No	Select Yes if AO's WBT is attached; Select No if the training is not attached
Signature of Approving Official Signature/Date	Original signature and date required before made into a PDF	Do not send electronic signatures, application must be signed/dated within a 30 day period of submission



# Card Issuance: Purchase Cardholder Application For LAPC/APC Use Only Section

- For LAPC/APC Use Only (Processing and Reporting Hierarchies) Section

Processing Hierarchies

~~For LAPC/APC use only:~~

Agent	<input type="text"/>	Company	<input type="text"/>	Division	<input type="text"/>	Department	<input type="text"/>
Level1:	<input type="text"/>	Level2:	<input type="text"/>	Level3:	<input type="text"/>	Level4:	<input type="text"/>
Level5:	<input type="text"/>	Level6:	<input type="text"/>	Level7:	<input type="text"/>		

Rec'd Date:       Reject Date:

Reject Reason:  Incomplete (missing information)     Other

Reporting Hierarchies



# Card Issuance: Purchase Cardholder Application For LAPC/APC Use Only Section, cont'd.

Field	Correct Use	Specifications
Processing and Reporting Hierarchy Levels	<p>Processing fields and Reporting Levels must always be identical as follows:</p> <ul style="list-style-type: none"> <li>Level 1 = 00012</li> <li>Level 2 = 01201</li> <li>Level 3 = 000XX (XX is the agency number)</li> <li>Level 4 = Agent</li> <li>Level 5 = Company</li> <li>Level 6 = Division</li> <li>Level 7 = Department</li> </ul>	<p>The AO listed must match the AO assigned in the TSYS report. If the AO listed is incorrect you may need to submit a POC Maintenance form. Level 1 value is always 00012, Level 2 value is always 01201. Level 3 is always the Agency number 000XX</p>
Rec'd Date/Reject Date/Reject Reason	Leave Blank	For US Bank use only, this would be completed if you fax the application directly to US Bank



# Hierarchy: Point of Contact Maintenance Form

## ■ Point of Contact Maintenance Form:

<p>Who should use the form?</p>	<p>An APC, LAPC, or AO who would like to update the AO tied to a hierarchy in the TSYS report. Updates can include replacing, deleting, or adding an AO to a hierarchy. The TSYS Report is the CCSC's statement of record when identifying the primary POC/AO associated with a hierarchy. The primary POC/AO can contact US Bank to discuss system changes within their hierarchy. If you choose to make someone an "alternate" the form should be faxed to the bank.</p>
<p>What is the purpose of the form?</p>	<p>The form is the only way an AO can be updated on a hierarchy in TSYS. Submitting the form allows reviewers to check for segregation of duty violations before submitting the change to the bank.</p>
<p>Process to update a hierarchy?</p>	<p>To update a hierarchy, the <i>Point of Contact Maintenance Form</i> must be completed entirely without errors.</p> <p>A cardholder must be linked to this hierarchy first before attempting to submit the User ID form to US Bank to add this hierarchy to the AO's user profile in Access Online under System Administration. Access Online does not allow the hierarchy to be added to the AO until there is at least one cardholder set up under this new hierarchy.</p>



# Hierarchy: Point of Contact Maintenance Form

- Access the *Point of Contact Maintenance Form* at the [CCSC Web site](#)
- Training certificates are not required with submission of this form
- Three sections of the application:
  - Instructions
  - Information to be Changed
  - Form Submitted by





# Hierarchy: Point of Contact Maintenance Form

## Instructions Section, cont'd.

Field	Correct Use	Specifications
Type of Contact	Primary	CCSC only processes primary contacts; alternates should be faxed to US Bank
Please Choose One	Choose AO or A/OPC	The user submitted must be an AO/LAPC/APC and have met training requirements
Select Action	Choose Add New Contact or Replace Contact	Please select Add New Contact or Replace Contact



# Hierarchy: Point of Contact Maintenance Form Information to be Changed Section

## ■ Information to be changed Section

Information to be changed			
Name of Previous Contact _____ (This person will be changed or deleted)			
New Contact Last Name _____ (max. 20 char.)			
New Contact First Name _____ (max. 20 char.)			
Agency /Organization Name _____ (max. 30 char.)			
Address 1 _____ (max. 30 char.)			
Address 2 (optional) _____ (max. 30 char.)			
City _____ (max. 15 char.)		State _____ (2 char.)	Zip _____ - _____ (max. 9 char.)
Country _____ (max. 10 char.)			
Phone Number _____ (max. 22 char.)		Fax Number _____ (max. 17 char.)	
Email Address _____ (max. 60 char.)			
<b>Additional Changes (optional)</b>			
<input type="checkbox"/> Bank hold - Yes, plastic delivery needs to be changed to new contact above			
<input type="checkbox"/> Managing Account changing to new contact above		Managing Account # _____	
<b>Processing Levels</b>			
Agent Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Company Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Reporting Levels (Please list the levels this person is authorized to maintain)</b>			
Level 1 _____	Level 2 _____	Level 3 _____	Level 4 _____
Level 5 _____	Level 6 _____	Level 7 _____	
			* If contact changing at multiple levels, please attach a list.



# Hierarchy: Point of Contact Maintenance Form

## Information to be Changed Section, cont'd.

Field	Correct Use	Specifications
Name of Previous Contact	Name of existing AO as seen in the TSYS Report (TBD is sometimes the case)	Mandatory field
New Contact Last Name/First Name	Doe, Jane	Complete information for the AO you are adding, use legal name as it appears in USDA employee personnel files
Agency/ Organization Name	USDA FS R2 Sacramento Office	Maximum 30 characters
Address 1 & 2	300 7 <sup>th</sup> St SW Room 112	Maximum 30 (Address 1) and 30 (Address 2) characters, business address where AO is established
City/State/Zip Code	Washington, DC 20250	Must be a recognized postal combination
Telephone Number (Fax Number)	202-666-9332	Maximum 10 digits, office number, fax number optional
E-mail Address	<a href="mailto:Jane.doe@dm.usda.gov">Jane.doe@dm.usda.gov</a>	Must be a government issued e-mail address



# Hierarchy: Point of Contact Maintenance Form

## Information to be Changed Section, cont'd.

Field	Correct Use	Specifications
Additional Changes (Optional)	Leave Blank	For U.S. Bank use only, this would be completed if you fax the application directly to US Bank
Processing Levels	Complete Agent and Company level fields	Complete Agent and Company level fields
Reporting Levels	<p>Processing fields and Reporting Levels must always be identical as follows:</p> <p>Level 1 = 00012                      Level 2 = 01201                      Level 3 = 000XX (XX is the agency number)                      Level 4 = Agent                      Level 5 = Company                      Level 6 = Division                      Level 7 = Department</p>	The AO listed must match the AO assigned in the TSYS report. If the AO listed is incorrect you may need to submit a POC Maintenance form. Level 1 value is always 00012, Level 2 value is always 01201. Level 3 is always the Agency number 000XX



# Hierarchy: Point of Contact Maintenance Form Form Submitted by Section

- Form Submitted by Section

<b>Form Submitted by</b>	<i>For U. S. Bank Government Services use only</i>
Signature <small>OPTIONAL</small> _____	Rec'd Date _____ Input Date _____
Print Name _____	Completed by _____
Phone _____	Review Date _____ Reviewed By _____
Fax _____	Reject Date _____
Date Submitted _____	<b>Reject Reason</b> o Incomplete (missing information circled or highlighted) o Other _____

  

**FAX REQUEST TO 701-461-3466 or 1-866-457-7506**

OR MAIL REQUEST TO:  
 U.S. BANK GOVERNMENT SERVICES – PO BOX 6347 – FARGO, ND 58125-6347  
 CUSTOMER SERVICE PHONE NUMBER 1-888-994-6722

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# Hierarchy: Point of Contact Maintenance Form

## Form Submitted by Section, cont'd.

Field	Correct Use	Specifications
Signature/Print Name/Phone/Fax/Date Submitted	The submitter (or APC/LAPC) should sign, print name, and date this section	The submitter should sign, print name, and date this section; phone and fax are optional
For U.S. Bank Government Services use Only	Leave Blank	For US Bank use only, this would be completed if you fax the application directly to US Bank



# Hierarchy: Reporting Hierarchy Setup Form

## ■ Reporting Hierarchy Setup Form:

Who should use the form?	An APC or LAPC who wishes to create a new hierarchy. This could result from divisions becoming consolidated or the creation of a new spin-off department or office. Level 4 and level 5 hierarchies are assigned by the bank. Level 6 and level 7 hierarchies can be requested by the APC/LAPC.
What is the purpose of the form?	The form is the only way an APC/LAPC can create a new hierarchy in their agency. Reviewers will determine if the hierarchy already exists or is purged before submitting to the bank.
Process to receive the new hierarchy?	Once the hierarchy setup is complete, the submitter receives a notification e-mail from the CCSC. At that time cardholder's can request to be moved to this hierarchy or the processing/reporting hierarchy can be used on <i>Cardholder Request For Purchase Card</i> forms.



# Hierarchy: Reporting Hierarchy Setup Form

- Access the *Reporting Hierarchy Setup Form* at the [CCSC Web site](#)
- Training certificates are not required with submission of this form
- Three sections of the application:
  - Processing and Reporting Levels
  - Report Recipient Information
  - Paper Report Selection Information



# Hierarchy: Reporting Hierarchy Setup Form Processing and Reporting Levels Section

- Processing and Reporting Levels Section

REPORTING HIERARCHY SETUP  
Purchasing - 3059

 GOVERNMENT SERVICES

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Agent Number   
*(Leave blank if Point of Contact Setup is sent with Agency Setup)*

Company Number   
*(Leave blank if Point of Contact Setup is sent with Billing Official Level Setup)*

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REPORTING LEVELS

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Level 1  Level 2  Level 3  Level 4

Level 5  Level 6  Level 7



# Hierarchy: Reporting Hierarchy Setup Form Processing and Reporting Levels Section, cont'd.

Field	Correct Use	Specifications
Processing Levels	Complete Agent and Company level values	Complete Agent and Company level values
Reporting Levels	<p>Processing fields and Reporting Levels must always be identical as follows:</p> <p>Level 1 = 00012                      Level 2 = 01201                      Level 3 = 000XX (XX is the agency number)                      Level 4 = Agent                      Level 5 = Company                      Level 6 = Division                      Level 7 = Department</p>	<p>Complete levels 1-7 as necessary and verify the build you are creating does not already exist in the TSYS report. User can request the hierarchy they want to add for level 6 and 7 builds. For level 4 and 5 builds, the bank assigns the build, in these cases submitters should leave the processing and reporting hierarchy Agent Number (level 4) and Company Number (level 5) fields blank. The CCSC notifies the user when the build has been created.</p>



# Hierarchy: Reporting Hierarchy Setup Form

## Report Recipient Information Section

- Report Recipient Information Section

REPORT RECIPIENT INFORMATION			
Agency / Organization Name	<input type="text"/>		
	<i>(max. 30 char.)</i>		
Recipient Last Name	<input type="text"/>	Recipient First Name	<input type="text"/>
	<i>(max. 20 char.)</i>		<i>(max. 20 char.)</i>
Address 1	<input type="text"/>	Address 2 (optional)	<input type="text"/>
	<i>(max. 30 char.)</i>		<i>(max. 40 char.)</i>
City	<input type="text"/>	State	<input type="text"/>
	<i>(max. 15 char.)</i>		
Phone Number	<input type="text"/>	Zip	<input type="text"/> - <input type="text"/>
	<i>(max. 22 char.)</i>		<i>(max. 9 char.)</i>
		Country	<input type="text"/>
		Fax Number	<input type="text"/>
			<i>(max. 18 char.)</i>
Email Address	<input type="text"/>		
	<i>(max. 60 char.)</i>		



# Hierarchy: Reporting Hierarchy Setup Form

## Report Recipient Information Section, cont'd.

Field	Correct Use	Specifications
Agency/Organization Name	USDA FS R2 Sacramento Office	Maximum 30 Characters
Recipient Last Name/First Name	Doe, Jane	Complete information for the AO you are adding, use legal name as it appears in USDA employee personnel files
Address 1 & 2	300 7 <sup>th</sup> St SW Room 112	Maximum 30 (Address 1) and 40 (Address 2) characters, business address where AO is established
City/State/Zip Code/Country	Washington, DC 20250	Must be a recognized postal combination, Country optional
Phone Number/Fax Number	202-666-9332	Maximum 22 digits, office number, fax number optional
E-mail Address	<a href="mailto:Jane.doe@dm.usda.gov">Jane.doe@dm.usda.gov</a>	Must be a government issued e-mail address



# Hierarchy: Reporting Hierarchy Setup Form Paper Report Selection Information Section

## ■ Paper Report Selection Information Section

**Paper Report Selection Information**  
If you have questions about your reporting package, please contact your Account Coordinator.

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No Reports  
 Agency/Organization Standard Reporting Package  
 Other (*Complete Report Selection Form*)

**Form Submitted by**

Signature	<input type="text"/>	Print Name	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
		Date Submitted	<input type="text"/>

**FAX REQUEST TO 612-973-3791 or 800-974-0777**

OR MAIL REQUEST TO:  
U.S. BANK GOVERNMENT SERVICES  
200 SOUTH SIXTH STREET - EP-MN-L28C, MINNEAPOLIS, MN 55402

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# Hierarchy: Reporting Hierarchy Setup Form

## Paper Report Selection Information Section, cont'd.

Field	Correct Use	Specifications
Paper Report Selection Information	Leave Blank	CCSC does not review this part
Signature/Print Name/Phone/Fax/Date Submitted	The submitter (or APC/LAPC) should sign, print name, and date this section	The submitter should sign, print name, and date this section; phone and fax numbers are optional



# Most Common Rejection Reasons for Applications/Forms

## Applications/Forms:

- Cardholder Request for Purchase Card
- Point of Contact Maintenance Form
- Reporting Hierarchy Setup Form



# Most Common Rejection Reasons for each Form: Cardholder Request for Purchase Card

Completion of the entire application is mandatory, all sections and fields must be complete

**CARDHOLDER REQUEST FOR PURCHASE CARD**

*\*All fields are required information*

**Cardholder Information:**

Name: \_\_\_\_\_  
*(Name listed above must match the applicant's name on record with the USDA's HR Department)*

Agency/Division/Office: \_\_\_\_\_  
*(21 characters max)*

Third Line Embossing: \_\_\_\_\_  
*(The first 8 characters will be embossed on the card)*

Address 1: \_\_\_\_\_  
*(17 characters max)*

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Single Purchase Limit: \_\_\_\_\_ Monthly Office Limit: \_\_\_\_\_

Line of Accounting: \_\_\_\_\_ **\*BOC: 2472**

*(Copy & Paste the Line of accounting directly from Access Online)*

Are Convenience Checks necessary:  Yes  No APC/LAPC:  Yes  No AO:  Yes  No

Copy of (5) Training Certificates attached:  Yes  No **Foreign National:  Yes  No**

I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

**Approving Official Information:**

Name: \_\_\_\_\_

Agency/Division/Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Copy of AXOL Training Certificate attached:  Yes  No

I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date

**Fee LAFC/ARC was only:**

Agent: [ ][ ][ ][ ] Company: [ ][ ][ ][ ][ ][ ][ ] Division: [ ][ ][ ][ ][ ][ ][ ] Department: [ ][ ][ ][ ]

Level1: [ ][ ][ ][ ] Level2: [ ][ ][ ][ ][ ][ ][ ] Level3: [ ][ ][ ][ ][ ][ ][ ] Level4: [ ][ ][ ][ ][ ][ ][ ]

Level5: [ ][ ][ ][ ][ ][ ][ ] Level6: [ ][ ][ ][ ][ ][ ][ ] Level7: [ ][ ][ ][ ][ ][ ][ ]

Rec'd Date: \_\_\_\_\_ Reject Date: \_\_\_\_\_

Reject Reason:  Incomplete (missing information)  Other \_\_\_\_\_

Invalid Accounting Code

Using old forms: the newest form has a check box for "Foreign National"

Incorrect Approving Official listed: AO listed with the wrong hierarchy or AO is not assigned at all, AO's name must match with the AO assigned in TSYS

Checking the "Yes/No" box for AO's AXOL Training: Please check Yes if including and No if not. This field is mandatory



# Most Common Rejection Reasons for each Form: Point of Contact Maintenance Form

Select "Primary" as Type of Contact

Each AO can only be assigned to one level 6 position under each level 5 (company) position, the CCSC will not process duplicate requests to add an AO onto multiple hierarchy strings under one Level 5 or one Level 6 position

**POINT OF CONTACT MAINTENANCE FORM**  
PURCHASE - 3059  **GOVERNMENT SERVICES**

**Instructions**  
1. Complete all fields as they are **REQUIRED** unless noted as (optional)  
2. Please fax all the pages to 701-461-3466 or 1-866-457-7506

**Type of Contact**  
Please choose one:  Primary  Alternate *Please choose one:*  AO  A/DPC

Select Action:  
 Add new contact  Delete contact under levels listed below only  Replace contact  Delete contact -- This person is no longer in this position

**Information to be changed**  
Name of Previous Contact \_\_\_\_\_ (This person will be changed or deleted)  
New Contact Last Name \_\_\_\_\_ (max. 20 char.)  
New Contact First Name \_\_\_\_\_ (max. 20 char.)  
Agency / Organization Name \_\_\_\_\_ (max. 30 char.)  
Address 1 \_\_\_\_\_ (max. 30 char.)  
Address 2 (optional) \_\_\_\_\_ (max. 30 char.)  
City \_\_\_\_\_ (max. 15 char.) State \_\_\_\_\_ (2 char.) Zip \_\_\_\_\_ (max. 9 char.)  
Country \_\_\_\_\_ (max. 10 char.)  
Phone Number \_\_\_\_\_ (max. 22 char.) Fax Number \_\_\_\_\_ (max. 17 char.)  
Email Address \_\_\_\_\_ (max. 60 char.)

**Additional Changes (optional)**  
 Bank hold - Yes, plastic delivery needs to be changed to new contact above  
 Managing Account changing to new contact above Managing Account # \_\_\_\_\_

**Processing Levels**  
Agent Number     Company Number

**Reporting Levels (Please list the levels this person is authorized to maintain)**  
Level 1 \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_ Level 4 \_\_\_\_\_  
Level 5 \_\_\_\_\_ Level 6 \_\_\_\_\_ Level 7 \_\_\_\_\_ \* If contact changing at multiple levels, please attach a list.

**Form Submitted by** *For U. S. Bank Government Services use only*  
Signature:  Print Name \_\_\_\_\_ Rec'd Date \_\_\_\_\_ Input Date \_\_\_\_\_  
Phone \_\_\_\_\_ Completed by \_\_\_\_\_  
Fax \_\_\_\_\_ Review Date \_\_\_\_\_ Reviewed By \_\_\_\_\_  
Date Submitted \_\_\_\_\_ Reject Date \_\_\_\_\_  
**Reject Reason**  
 Incomplete (including information circled or highlighted)  
 Other \_\_\_\_\_

**FAX REQUEST TO 701-461-3466 or 1-866-457-7506**  
OR MAIL REQUEST TO:  
U.S. BANK GOVERNMENT SERVICES - PO BOX 6347 - FARGO, ND 58125-0347  
CUSTOMER SERVICE PHONE NUMBER 1-888-994-8722

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Incorrect "Name of Previous Contact," use the name as listed in the TSYs Report

# Most Common Rejection Reasons for each Form: Reporting Hierarchy Setup Form

REPORTING HIERARCHY SETUP  
Purchasing - 3059

GOVERNMENT SERVICES

Agent Number   
(Leave blank if Point of Contact Setup is sent with Agency Setup)

Company Number   
(Leave blank if Point of Contact Setup is sent with Billing Official Level Setup)

REPORTING LEVELS

Level 1  Level 2  Level 3  Level 4   
Level 5  Level 6  Level 7

REPORT RECIPIENT INFORMATION

Agency / Organization Name   
(max. 30 char.)

Recipient Last Name   
(max. 20 char.)

Recipient First Name   
(max. 20 char.)

Address 1   
(max. 30 char.)

Address 2 (optional)   
(max. 40 char.)

City  State  Zip  -  Country   
(max. 15 char.) (max. 9 char.)

Phone Number   
(max. 22 char.)

Fax Number   
(max. 18 char.)

Email Address   
(max. 60 char.)

Paper Report Selection Information  
If you have questions about your reporting package, please contact your Account Coordinator.

No Reports  
 Agency/Organization Standard Reporting Package  
 Other (Complete Report Selection Form)

Form Submitted by

Signature  Print Name   
Phone  Fax  Date Submitted

**FAX REQUEST TO 612-973-3791 or 800-974-0777**

OR MAIL REQUEST TO:  
U.S. BANK GOVERNMENT SERVICES  
200 SOUTH SIXTH STREET - EP-MN-L28C, MINNEAPOLIS, MN 55402

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Verify the hierarchy you are trying to create does not already exist in the TSYS Report

The AO that the agency wants to add is already assigned as an AO under the same level 5 (Company), CCSC does not allow AO's to be assigned to multiple level 6 hierarchies under one level 5 (Company)

# Training Summary

- After completing this training users can now:
  - Decide which application or form meets their specific need
  - Access the application or form needed
  - Complete and submit forms without errors to the [CCSC Inbox](#)



# Questions





Additional information on the **Charge Card Service Center** can be accessed at the [CCSC Web site](#).