From: Budget Section,

To: Store Manager, MCB Hawaii ServMart Store

Via: Accounting Department, Comptroller Directorate

Subj: REQUEST FOR GSA SERVMART STORE CARD

1. Request the following unit be issued a GSA ServMart Store Card with the following appropriation data.

|  |  |  |  |
| --- | --- | --- | --- |
| **UNIT NAME** | **QTY** | **RUC** | **14-digit JON** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Complete Address of Unit****(Street, Bldg, City, State, Zip Code)** | **2-Digit Fund Code** | **Access Code** **(3 to 6 letters/****numbers)** |
|  |  |  |

1. Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The following personnel are authorized to pick-up the cards.

|  |  |
| --- | --- |
| **NAME** | **RANK** |
|  |  |
|  |  |

1. Point of contact is: name, phone, email

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signed)

1. Secondary contact is: name, phone, email

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From: Accounting Department, Comptroller Directorate

Subj: REQUEST FOR GSA SERVMART STORE CARD

To: MCB Hawaii ServMart Store

1. Forwarded. Approved/Disapproved

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