

## **GPC Account Setup Process**

1. The unit command or director will nominate new billing officials. Billing officials will in turn nominate their own replacements, and own card holders, and their own alternate billing official.

Nominations are made by emailing the setup form to the MICC Fort Sill GPC APC at:  
usarmy.sill.acc-micc.mbx.credit-card-inbox@mail.mil

2. The APC personnel will respond via email and if the nomination is accepted they will provide all the current documentation and training requirements to the command/organization making the nomination.

Nominees will be given a set period of time to complete all required documentation and training or risk being removed from the GPC training program. Nominees should provide scanned or hard copies of all required documents and training certificates, as they complete them, to the APC.

3. Once the APC has received all required documentation and training certificates the APC will proceed to initiate the new account in PCOLS to be processed in conjunction with the appropriate personnel (supervisors, budget personnel, etc.) as needed. When account setup is completed the APC will provide login instructions, and or issue cards.

4. New billing officials and or card holders shall sign the delegation of authority letter issued by the APC; providing one signed copy back to the APC and keeping one hard copy for their permanent file. This step is completed during a classroom training brief conducted at the MICC office by appointment.

Please contact the MICC Fort Sill GPC APC with any further questions. Thank you.

Fort Sill GPC hotline: 580-442-5229

Fort Sill GPC Email-box: usarmy.sill.acc-micc.mbx.credit-card-inbox@mail.mil

Nomination setup form on next page.

**MICC Fort Sill - GPC Nomination Form**  
**PLEASE FILL IN ALL THE APPROPREATE BLANKS BELOW,**  
Only one Nominee per form, only one Account per form!

**Nominee Information:**

FULL NAME/RANK: \_\_\_\_\_ MACOM: \_\_\_\_\_

Organization or Unit: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Work Address : **(Must include: Building Number and Street and room, Etc.!!)**

\_\_\_\_\_

Work Telephone: \_\_\_\_\_ Alt-Telephone: \_\_\_\_\_

Gov. email address: \_\_\_\_\_

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If the Nominee listed above is going to be a Card Holder list the... BO/managing account# they will be under: _____ Purpose of the new GPC: _____
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Or is this a new Billing Official please indicated... Is this: a replacement to an existing BO? (Yes <input type="checkbox"/> NO <input type="checkbox"/> ) Or a new ALT BO? (Yes <input type="checkbox"/> NO <input type="checkbox"/> ): List the Current BO Name&#: _____
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Thank you very much!