

Add _____					
Change _____					
Delete _____					
Level 3 Unit (Agency/Organization) Name <u>BOP PURCHASE -</u>					
Level 4# (5 digits)	Level #3 (5 digits)	Parent Level 2 # (5 digits)	Title/Name (Full Name Optional) (30 characters)	Address Line 1,2,3 (may include title)	Address Line 4 (City, State, Country, Zip code)

Bank Use Only	Approved By (Signature of Authorized Signer)
Signature Verified _____	
Date Added _____	Print Name
Agency/Org.# _____	
Initials _____	Date
Mgt _____	

**Directions for BOP Purchase Card
Hierarchy Level 4 (Approving Officials) Form**

Complete this form to establish or update an Approving Official (Level 4 of your reporting hierarchy). The purpose of the reporting hierarchy is to allow you, as the local Agency Program Coordinator (APC), to manage information about your program. For each level and each unit/entity within that level, you must provide a name or title up to 30 characters and a 5 digit numeric identifier. The name/title and numeric identifier will be shown on your reports for level/unit identification purposes and will be utilized for report-invoicing, as well as cardholder assignments.

1. Mark whether the application is for an addition, change or deletion of an Approving Official (AO).

Choose "Add" when setting up an AO account that has never existed. At this juncture, there are no Cardholders assigned to the AO. When adding a new Level 4 Hierarchy, the APC completes every column and the signature block.

Choose "Change" when the AO name or title, etc. is being changed to another individual (e.g., John Doe replaces James Madison, who transferred to another location). When making a change to an existing hierarchy, only the relevant columns and the signature block must be completed.

Choose "Delete" when closing an AO account that no longer has any Cardholders listed under the account (e.g., when closing an extra AO account with no Cardholders under the AO, or when an institution closes, etc.). This function must have the concurrence of the NAPC before the hierarchy can be deleted.

2. Agency/Organization Name: Insert your location's name after the "BOP PURCHASE -" (e.g., FMC Rochester).
3. Level 4: Insert the AO 5-digit account (or hierarchy) number. Use the same existing Hierarchy Level Code you use when completing the Cardholder form. APCs are responsible for keeping the official log of Level 4 Hierarchy Numbers, their assignment and disposition. NOTE: If this is a request to add a new AO account (e.g., whether for a new account at an already existing location, or for establishing the AOs and Cardholders at a new institution), the APC is responsible for assigning a new 5-digit hierarchy number for each AO, using the next consecutive number from their existing log. When establishing the first Level 4 hierarchy account at a new location, the APC at may begin the 5-digit log at a number of their choice. However, the five-digit numbers must begin with "4" (e. g. 40101, 40102, etc.)
4. Level 3: Insert the 5-digit location account (hierarchy) number. This is the 5-digit numeric FMIS location number (e.g., 51402 for FCI Seagoville). Use the same Hierarchy Level Code you use when completing the Cardholder form.
5. Level 2: Insert the individual 5-digit Regional Account number for your Region, the Central Office, or the MSTC and Glynco. Use the same Hierarchy Level Code you use when completing the Cardholder form. NOTE: It is not necessary to include a Level I #.

6. Name/Title: Bank One uses the information on this form solely for reporting purposes. Therefore, **the APC may choose to use a title only (e.g., Chief, Correctional Services), in lieu of the actual name of the AO.** This method would eliminate the need for numerous maintenance changes when AOs transfer. **Note: However, use of this report-mailing method does not preclude the BOP's internal requirement to assign an individual (by name) as an AO. The APC shall continue to keep appropriate records which include a record of any applicable past and current AOs names.**
7. Address Lines 1, 2, and 3: Use up to three lines for the address (excluding the City/State).
8. Address Line 4: Insert the City, State, and Zip Code. For locations within the United States, it is not necessary to include the country.
9. Bank Use Only: Do not complete. This is for Bank One's use only.
10. Approved By: The APC or an approved Authorized Signer must sign the form and print his/her's name on the line below. Date the form.
11. **Fax** the form to Bank One Federal Card:

1-888-297-0785 (toll-free)
or (847) 488-7985 (commercial)

If neither of these numbers work, call Customer Service at
1-888-297-0781, or (847) 488-4441.

Mail to:

Bank One Federal Card
P. O. Box 2015
Elgin, IL 60121

Overnight to:

Bank One Federal Card
2500 Westfield Drive
Elgin, IL 60123

Note for future use: When you begin using Bank One's software capabilities, hierarchy maintenance may be completed electronically.