GPO U.S. GOVERNMENT PUBLISHING OFFICE
732 North Capitol Street, NW, Washington, DC 20401

Form 3001 Instructions
GPO*Express*

1. **Date:** Enter the date on which order form is prepared.
2. **Department/Government Establishment:** Enter the name of the Department, Government Establishment, or organization for which the order is being placed.
3. **Bureau or Office:** Enter the name of bureau or office originating the requisition.
4. **Requisition Number:** Enter the 18 digit requisition number in sequence of release using the following format: first digit, a number indicating FY of req; second digit, a hyphen; digits 3 thru 7, numeric; 8 thru18 alpha or numeric. Example: 4-12345-GPOExpress
5. **Billing Address Code (BAC):** Enter the 6 digit BAC assigned to your agency by GPO. If no BAC code has been assigned, please contact your GPO representative.
6. **Agency Location Code (ALC):** 8 digit account number assigned by the Department of the Treasury. Your ALC is required if you are using Treasury's Intra-governmental Payment and Collection system (IPAC).
7. **Line of Accounting:** Must be a general line of Accounting and not document specific.
8. **Treasury Account Symbol (TAS)/Business Type Code (BETC):** The TAS is an identification code assigned by Treasury, in collaboration with OMB and the owner agency, to an individual appropriation, receipt, or other fund account. More information can be found here – **www.fms.treas.gov/cars/factsheet_tas.html**
9. **Cardholder's Name:** GPO*Express* authorization cards will be issued to individual cardholders. You must indicate the name as it is to appear on the GPO*Express* card.
10. **Cardholder's Title:** Enter the job title of the cardholder.
11. **Email:** Enter the email address for the cardholder.
12. **Phone Number:** Enter the phone number for the cardholder.
13. **Limit:** Enter the GPO*Express* transaction limit for the cardholder using the table below. All cardholders do not have to have the same transaction limit. (Note: This is a per transaction limit). GPO is the contracting officer; therefore card limits are not restricted by cardholder's contracting warrants.

A	$100	N	$4000
B	$200	O	$5000
C	$300	P	$6000
D	$400	Q	$7000
E	$500	R	$8000
F	$600	S	$9000
G	$700	T	$10,000
H	$800	U	$15,000
I	$900	V	$25,000
J	$1000	W	$50,000
K	$2000	X	$100,000
L	$2500	Y	$250,000
M	$3000	Z	unlimited

14. **Address:** Enter the physical address where the cardholder is located.
15. **City/State:** Enter the city and state where the cardholder is located.
16. **Zip Code:** Enter the zip code where the cardholder is located.
17. **Credit Card Info:** If you choose to use your Government Credit Card as the payment method for your GPO*Express* account, complete all pertinent credit card info (i.e. credit card holder's name, credit card type, credit card number, expiration date and billing address).
18. **GPOExpress eView Administrator's Contact Name:** Each GPOExpress account must assign an eView Administrator. eView provides online access to GPO*Express* account activity. The assigned eView Admin will have the authority to view all account activity for cardholders within their account, the capability to run reports. The eView Admin is not required to be a cardholder but should be an authorizing official.
19. **GPOExpress eView Administrator's Telephone Number:** Enter the telephone number of the GPO*Express* eView Administrator.
20. **GPOExpress eView Administrator's Email:** Enter the email address of the GPO*Express* eView Administrator.
21. **Financial Contact's Name:** Each GPO*Express* account must have a contact listed in case financial issues arise. Enter the name of the financial contact associated with the GPO*Express* account.
22. **Financial Contact's Telephone Number:** Enter the telephone number of the financial contact.
23. **Financial Contact's Email:** Enter the email address of the financial contact.
24. **Primary Contact's Name:** Enter the name of the person you wish to designate as the primary contact for all GPO*Express* information for your department. The primary contact should be an authorizing official.
25. **Primary Contact's Telephone Number:** Enter the telephone number of the person you wish to designate as the primary contact for all GPO*Express* information for your department.
26. **Primary Contact's Email:** Enter the email address of the person you wish to designate as the primary contact for all GPO*Express* information for your department.
27. **Address:** Enter the mailing address of the primary contact for GPO*Express*.
28. **City:** Enter the city of the primary contact for GPOExpress.
29. **State:** Enter the state of the primary contact for GPO*Express*.
30. **Zip:** Enter the zip code of the mailing address for the primary contact for GPO*Express*.
31. **Contact Fax Number:** Enter the fax number of the primary contact for GPO*Express*.
32. **Authorizing Signature:** Form 3001 must be signed by authorizing official, whose name is on file with GPO.
33. **Title of Authorizing Official:** Title of the signing authorizing official.

Upon completion of the GPO Form 3001, fax to the National Account Manager's (NAM) Office at 202.403.3876.
You may call your NAM to confirm receipt.

GPO Express

Participation Request (FY 2015)

☐ **Renewal:** If you are renewing your GPO*Express* account(s), check this box and print or type your full name and sign at the bottom of this form.

Note: Sections 4-7 do not need to be completed if registering with a credit card.

Jacket Number **388-001**

1. Date

2. Department/Government Establishment

3. Bureau or Office

4. Requisition Number

5. Billing Address Code (BAC)

6. Agency Location Code (ALC)

7. Line of Accounting (If applicable)

8. Treasury Account Symbol (TAS) / Business Event Type Code (BETC)

TAS*: Sub-level Prefix Code	Allocation Transfer Agency Identifier	Agency Identifier	Beginning Period of Availability	Ending Period of Availability	Availability Type Code	Main Account Code	Sub-Account Code	BETC*

9. Cardholder's Name / 10. Cardholder's Title	11. Email	12. Phone Number	13. GPOExpress Card Limit	14. Address / 15. City, State	16. Zip Code

To name additional cardholders, please continue on page 2.

17. Credit Card Information

Name on Credit Card

Credit Card Type

Credit Card Number (enter numbers only, no dashes)

Expiration Month

Year

Card Spending Limit

per

Billing Agency

Billing Street

Billing City

Billing State

Billing Zip Code

Cardholder Phone

Cardholder Email

☐ **If you do not want to fill out the above credit card information, please check this box and fill in your name and phone number to speak with a GPO representative.**

Name _____ Phone _____

18. GPOExpress eView Administrator's Contact Name

19. eView Administrator's Telephone Number

20. eView Administrator's Email

21. Financial Contact's Name

22. Financial Contact's Telephone Number

23. Financial Contact's Email

24. Primary Contact's Name

25. Primary Contact's Telephone Number

26. Primary Contact's Email

27. Address

28. City

29. State

30. Zip

I certify that this work is authorized by law and necessary to the conduct of the business of the above-mentioned government establishment.
I understand that GPO Form 3001 Authorizes Funding for the GPO*Express* program.

31. Contact Fax Number

32. Authorizing Signature (Type Name AND Sign Below)

33. Title of Authorizing Official

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CLEAR FORM PRINT FORM

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