

Hierarchy Structure Change Request

Citibank® Government Travel Card Program *Instructions*:

Use this form to add, change or delete a point of hierarchy and to reassign existing cardholders affected by a hierarchy structure change. Adds and deletes affect how program information is reported by segmenting it into different hierarchical structures. Questions? Contact Commercial Card Services Norfolk toll-free 1-866-670-6462 from the U.S. and Canada or, if dialing from international locations, call 757-853-2467.

E-mail:	dodagencysupport@citi.com
Attention:	
Date:	

Section	I: Chang	e Requi	ired*
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Select One:		☐ Add New Hiera	archy Point	Modify Existing H	lierarchy Point	☐ Delete/Remove	Hierarchy Point
Section II: Hier	archy Informati	ion*					
eight levels). When	n creating a new hi		mportant that the i			ate for your hierarchy I by Citi. This action v	
HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8

Section III: APC Contact Information

Section in. At a contact inion	mation							
Agency/Organization Name*:			Unit Name*:					
	Name*:							
	Business Phone:		Business Fax:					
APC Contact Information*:	E-mail Address:							
	Address Line 1:							
	Address Line 2:							
	City:		State:		Zip/Postal Code:			
	Country:	_	Signature:					

Section IV: Account Hierarchy Move Detail*

Move up to 5 accounts from one hierarchy point to another as indicated. To move more accounts, use an additional form(s).									
	Move	HL1	HL2	HL3	HL4	HL5	HL6	HL7	HL8
Account Number (Last 6-digits only)	From →								
Cardholder First Name Last Name	To→								
Account Number (Last 6-digits only)	From →								
Cardholder First Name Last Name	To→								
Account Number (Last 6-digits only)	From →								
Cardholder First Name Last Name	To→								
Account Number (Last 6-digits only)	From →								
Cardholder First Name Last Name	To→								
Account Number (Last 6-digits only)	From →								
Cardholder First Name Last Name	To→								

^{*}Required Items. Form will be returned if required items are not completed.

Treasury and Trade Solutions



Hierarchy Structure Change Request

Citibank® Government Travel Card Program

Instructions Sheet

Purpose:	chang	je. Changes f	s form to add, change, or delete a point of hierarchy and to reassign accounts affected by hierarchy structure. Changes to existing hierarchy points include Agency/Organization or unit name changes or changes to the sand telephone information on record.						
Instructions:	Who:	2: This form is to be completed by the APC.							
	When:	Complete t	his form when there is a need to add, change or delete a point of hierarchy.						
		Special Notes:	If your hierarchy structure change affects existing cardholders, indicate hierarchy reassignments as appropriate. All accounts must be reassigned before a specific hierarchy point can be deleted.						
	How:	Section I:	Change Required*: Add New Hierarchy Point, Modify Existing Hierarchy Point, or Delete/Remove Hierarchy Point – Indicate whether a new hierarchy point is to be added, or if an existing hierarchy point is to be modified or deleted.						
		Section II:	Hierarchy Information*: Hierarchy Level (required) The hierarchy level (HL) numbers under which the cardholder accounts are to be transferred. Complete as many hierarchy levels as are appropriate for your organization. Each level of hierarchy consists of a seven-digit number; up to eight levels of hierarchy may be assigned. Hierarchy levels are sequential and indicate the organization's pedigree. A complete hierarchy level number always begins with Level 1, and contains successive level numbers, down to the lowest level assigned. It is required to determine the reporting group to which the Central Account will belong. When creating a new hierarchy level, it is pertinent that the initial hierarchy transfer is performed by Citi. This action will allow future hierarchy transfers to be completed by APCs via www.citimanager.com.						
		Section III:	APC Contact Information*: Agency/Organization Name (required) – Enter agency/organization name which is requesting the hierarchy level structure change request and/or transfer(s). Unit Name – Enter the unit name. APC Name – Enter the name of the Agency Program Coordinator (APC). Business Phone – Enter the commercial work telephone number of the APC. Business Fax – Enter the commercial fax telephone number of the APC. E-mail Address – Enter the business email address of the APC. Address (Lines 1 and 2) – Enter the complete business address of the APC. City, State, Zip Code & Country – Enter the appropriate city, state, zip code and country of the APC. Signature – Signature of authorizing APC.						
		Section IV:	Account Hierarchy Move Detail*: Account Number – Enter only the last 6-digits of the account number to be moved. If additional cardholder transfers are required, please complete another form. Cardholder Name – Enter the Cardholder's First and Last Name for the account to be moved. Move From – Indicate the complete hierarchy position number from which the account is being moved. Complete as many of the 7-digit numbers for each HL as are appropriate for the hierarchy point. Moved To – Indicate the complete hierarchy position number to which the account is being moved. Complete as many of the 7-digit numbers for each HL as area appropriate for the hierarchy point.						
			equest form with supporting documentation via email to dodagencysupport@citi.com. not have access to e-mail, you can fax the form to 866-951-8005 or 757-818-6893.						