ALTERNATE US DOD OR FEDERAL CIVIL FUEL CUSTOMER BILLING INFORMATION

Use this form in the event US DoD or US Federal Civil activities request fuel servicing and do not have a valid fuel purchase device (DD Form 1896 or AIR Card, etc.) at the time fuel service is requested. Except as noted, all of Part I and Part II are mandatory data entry fields and must be filled in at the time of the sale. The Customer's Signature is mandatory to acknowledge receipt of product. DoD and Federal Civil personnel may contact Multi Services at 1-866-308-3811 to obtain their AIR Card Account Number(s) prior to being serviced. To obtain the proper account number(s), aircrews must provide Multi Services with all the data in Part II. In the event Multi Services cannot provide the required account information, fax this completed form to DESC-NI for assistance in determining customer DoDAAC and billing data. Give a copy of the completed form to the customer and retain a copy in suspense file pending completion of billing data research. Process transaction using customer billing data provided by the researcher and retain the completed/ signed form with customer billing data in the document control file according to published policy.

PART I: SELLING DFSP	INFORM	IATION (#	Provided by the Sel	lina DFSP)				
1a. DFSP NAME				b. CITY			c. STATE OR COUNTRY	
2a. DFSP DODAAC b. PRODUCT SOLE			c. QUANTITY OF SALE				d. DATE OF SALE (MM/DD/YY)	
3a. SERVICING EQUIPMENT TYPE (Optional)			b. SERVICING EQUIPMENT ID (Optional) c. TR			c. TRAN	SACTION ID (Optional)	
4a. DFSP POINT OF CONTACT NAME b.			b. TELEPHONE NUMBER		c. E-MAIL ADDRESS			
PART II: RECEIVING All (Provided by Customer Representation)	RCRAFT, esentative	SHIP, V	EHICLE, OR EQU	UIPMENT AND CU	STOMER	RINFORM	MATION	
5a. AIRCRAFT/SHIP/VEHICLE/EQUIPMENT TYPE				b. AIRCRAFT TAIL/BUNO NUMBER, SHIP HULL NUMBER, OR VEHICLE/ EQUIPMENT IDENTIFICATION NUMBER				
6a. UNIT/ORGANIZATION N	AME AND	NUMERIO	DESIGNATOR/FE	EDERAL AGENCY				
b. HOME BASE				c. CITY			d. STATE OR COUNTRY	
7a. BRANCH OF SERVICE (BOS)/FEDERAL AGENCY				b. AIR CARD OR VOYAGER CARD NUMBER (If available)				
8a. CUSTOMER REPRESENTATIVE NAME (Printed)				b. TITLE OR RANK				
c. TELEPHONE NUMBER			d. FAX (If known) e. E-M			MAIL ADDRESS		
Customer Representative Sig	gnature acl	knowledge	s receipt of product	as reflected above.				
f. CUSTOMER REPRESENTATIVE SIGNATURE							g. RECEIPT DATE (MM/DD/YY)	
PART III: CUSTOMER B	ILLING D	ATA (Pro	vided by DESC-NI or i	if applicable the Service (Control Poir	nt) (Return to	Selling DoDAAC POC for processing.)	
	Pa. CUSTOMER DODAAC/FEDAAC b. SIGNA						DATA (Org Code/APC/TEC/JONO, etc.)	
e. SUPPLEMENTAL DODAAC (Required if other than Signal Code A)				f. USE CODE				
PART IV: PROCESSING	ACTION	COMPL	ETION					
10a. NAME OF PERSON COMPLETING RESEARCH				b. OFFICE				
c. TELEPHONE NUMBER				d. DATE RETURNED TO SELLER DFSP (MM/DD/YY)				
11a. DATE INPUT TO BLSA (MM/DD/YY)				b. DATE PROCESSED TO BSM-E (MM/DD/YY)				
12. REMARKS								

DD FORM 1898-D INSTRUCTIONS						
BLOCK	INSTRUCTIONS					
PART I: Sell	ing DFSP Information. All Part I entry fields are mandatory unless otherwise specified in instructions.					
1a	Enter the DFSP (Defense Fuel Stock Point) name.					
1b	Enter the name of the city where DFSP is located.					
1c	Enter the name of the state or country (if outside the US) where the DFSP is located.					
2a	Enter the DoDAAC of the Selling DFSP.					
2b	Enter the grade of product sold.					
2c	Enter the quantity of fuel sold in US Gallons.					
2d	Enter the date of the sale.					
3a	Enter the type of servicing equipment if applicable. This is an optional entry field.					
3b	Enter the issue point/vehicle/equipment/facility ID number if applicable. This is an optional entry field.					
3c	Enter the transaction ID assigned to the transaction if applicable. This is an optional entry field.					
4a	Enter the Point of Contact (POC) name for the selling DFSP.					
4b	Enter the telephone number of the DFSP POC.					
4c	Enter the e-mail address for the DFSP POC.					
PART II: Red	ceiving Aircraft, Ship, Vehicle, or Equipment and Receiving Customer Information. All data fields in Part II are mandatory.					
5a	Enter the aircraft, ship, vehicle or equipment type (e.g. F-16, 747, Oiler, Truck, Generator, etc.).					
5b	Enter the aircraft, ship, vehicle or equipment ID number (aircraft tail/nose/BUNO #, Ship hull #, vehicle/equipment ID #, etc.).					
6a	Enter the customer's unit/organization name and numeric designator if applicable.					
6b	Enter the home station/base of the aircraft, ship, vehicle/equipment receiving the fuel.					
6c	Enter the city of the customer home station, base, or agency.					
6d	Enter the state or country of the home station/base or agency operating location.					
7a	Enter the branch of service (for military) or Federal agency name.					
7b	Enter the AIR Card, VOYAGER Card number if available.					
8a	Enter the customer representative's printed name.					
8b	Enter the customer representative's title or rank/grade.					
8c	Enter the customer representative's home station/office telephone number.					
8d	Enter the customer representative's home station/office FAX number, if known.					
8e	Enter the customer representative's email address if available.					
8f	Customer representative must sign this block to acknowledge receipt of the product.					
8g	Enter the date of the purchase/sale.					
Part III: Customer Billing Data. Data entry provided by DESC-NI or Military Service Control Point if applicable.						
9a	Enter the customer DoDAAC.					
9b	Enter the applicable signal code.					
9c	Enter the applicable fund code.					
9d	Enter customer sub-account data such as Org Code (AF), TEC (Navy Aviation), JON, JONO, or JOPCN (Army or Navy), etc.					
9e	Enter Supplemental DoDAAC or FEDAAC if signal code other than Signal Code A is used.					
9f	Enter appropriate use code for DoD customers					
	cessing Action Completion. To be completed by office providing customer billing information, and Selling DFSP upon completion of					
transaction pr						
10a	Enter the name of person completing research of customer billing information.					
10b	Enter the office name/symbol of person completing research.					
10c	Enter the telephone number of person completing research.					
10d	Enter the date the form with customer billing data was returned to the Selling DFSP for processing.					
11a	Enter the date Selling DFSP input transaction into the base level support application.					
11b	Enter the date the transaction was processed to BSM-E.					
12	Enter remarks as applicable.					