

★ APPENDIX A ★

DEPARTMENT OF DEFENSE - (COMPONENT)
STATEMENT OF UNDERSTANDING
GOVERNMENT TRAVEL CARD PROGRAM

I certify that I have read the attached DoD Government Travel Card policy and procedures. I understand that the Government Travel Card Program is designed to improve the management and control of government travel and thereby promote the efficiency of the Federal Service. I also understand that I am authorized to use the card only for those necessary and reasonable expenses incurred by me for official travel. I will abide by these instructions issued by the Department of Defense (DoD).

The above limitation on card usage also applies to automatic teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed \$500 (standard) or \$200 (restricted) per billing cycle. If my account is not delinquent and my travel orders authorize a larger advance, I can request an increase in the ATM limit through the Agency Program Coordinator (APC). I will, however, endeavor to charge expenses to the account wherever feasible rather than use cash withdrawals.

I understand that the issuance of this charge card to me is an extension of the employee-employer relationship and that I am being specifically directed to:

- Abide by all rules and regulations with respect to the charge card.
- Use the charge card only for official travel.
- Pay all charges upon receipt of the monthly billing statement from the Travel Card Contractor.
- Notify the APC of any problems with respect to my usage of the charge card.
- Notify the Card Contractor and the APC if my charge card is lost or stolen.

(Card applicants must initial all the above provisions.)

I also understand that failure on my part to abide by these rules or otherwise misuse the card may result in disciplinary action being taken against me. I also acknowledge the right of the Travel Card Contractor and/or APC to revoke or suspend my travel card privileges if I fail to abide by the terms of this agreement or the agreement I have signed with the Travel Card Contractor.

(Applicant's Signature)

(Supervisor's Signature)

(Applicant's Printed Name)

(Supervisor's Printed Name)

(Applicant's Series/Grade/Title)

(Supervisor's Series/Grade/Title)

NOTE: The Government Travel Card application cannot be processed without this form on file.

★ SAMPLE 60 DAY DELINQUENCY MEMORANDUM ★

MEMORANDUM FOR (NAME OF CARDHOLDER'S IMMEDIATE SUPERVISOR)

SUBJECT: Delinquent Government Travel Card Payment Notification - 60 Days

We have been informed by the GSA Government Travel Card contractor that (cardholder's name) is over 60 days delinquent in payment of his/her account. The total amount due is \$_____.

(Provide the specific information regarding the delinquent charges.)

The Government Travel Card contract requires that all outstanding charges be paid by the date specified on the billing statement. The Travel Card Contractor has suspended card privileges for this cardholder. The cardholder should be notified of this action and counseled concerning the use of the Government Travel Card. Cardholders on temporary duty more than 45 days are required to submit travel vouchers for payment every 30 days and maintain their travel card account in a current status. Split disbursement (where available) is highly encouraged.

Non-compliance, or failure to adhere to the guidelines for the Government Travel Card, may result in disciplinary action in accordance with applicable statutory and regulatory provisions and with the Multi-Unit Master Agreement for bargaining unit employees.

The delinquent balance may be resolved by one of the following actions: (1) payment in full, (2) a reasonable explanation documented and submitted to the contractor through the Program Coordinator, or (3) an agreed upon repayment schedule with the Travel Card Contractor. Billing questions may be directed to the Travel Card Contractor at the number printed on the billing statement for that purpose. Program management questions may be directed to (APC's name) at extension _____.

Please have the cardholder sign to acknowledge receipt of this delinquent notification and return it to me with your written response, outlining the actions taken, within 5 business days.

(Signature)
Agency Program Coordinator

Cardholder acknowledgement of memorandum receipt.

Name, Grade, Organization

Date

★ SAMPLE 90 DAY DELINQUENCY MEMORANDUM ★

MEMORANDUM FOR SECOND LEVEL SUPERVISOR

THROUGH: TRAVELERS IMMEDIATE SUPERVISOR

SUBJECT: Delinquent Government Travel Card Payment Notification - 90 Days

The 90-day delinquent notification list from the Government Travel Card Contractor has been received and (cardholder's name) is now 90 days delinquent in the payment of his or her account. Total amount due is \$_____. The attached 60-day notification memorandum informed you that payment on the cardholder's Government Travel Card account was delinquent.

(Provide specific information regarding the delinquent charges.)

The Government Travel Card contract requires all outstanding charges be paid by the date specified on the billing statement. If no action is taken toward this debt, the Agency Program Coordinator or the contractor may cancel the account. Meanwhile, travel card privileges have been suspended as of (date). These privileges may be restored upon complete liquidation of the debt. The cardholder must be notified and counseled. Cardholders on temporary duty more than 45 days are required to submit travel vouchers for payment every 30 days and maintain their travel card account in a current status. Split disbursement (where available) is highly encouraged.

Non-compliance, or failure to adhere to the guidelines for the Government Travel Card, may result in disciplinary action in accordance with applicable statutory and regulatory provisions and with the Multi-Unit Master Agreement for bargaining unit employees.

The delinquent balance may be resolved by (1) payment in full, (2) a reasonable explanation documented and submitted to the contractor through the Program Coordinator, or (3) an agreed upon repayment schedule with the Travel Card Contractor. Billing questions may be directed to the Travel Card Contractor at the number printed on the billing statement for that purpose. Program management questions may be directed to (APC's name) at extension _____.

Please have the cardholder sign to acknowledge receipt of this delinquent notification and return it with your written response, outlining the actions taken, within 5 business days.

(Signature)
Agency Program Coordinator

Cardholder acknowledgement of memorandum receipt.

Name, Grade, Organization

Date

★ SAMPLE 120 DAY DELINQUENCY MEMORANDUM ★

MEMORANDUM FOR COMMANDER/DIRECTOR

SUBJECT: Cancellation of Government Travel Card - 120 Days Delinquent Payment Notification

The 60 and 90 day delinquent notification memoranda, dated _____ and _____ respectively, notified the immediate supervisor and the Department Director (or equivalent manager) of the past due account for cardholder (name). It has now been brought to our attention that this cardholder has a delinquent Government Travel Card balance of \$_____ which is over 120 days past due. He or she has made no attempt to resolve this debt. Therefore, the account has been canceled. The Travel Card Contractor now will begin official collection action. Collection action may include credit bureau notification of the employee's failure to pay and garnishment of the employee's pay. Additionally, 120-day delinquent cardholders are subject to a \$20.00 late fee per billing cycle for each and every billing cycle following the 120-day period until the debt is resolved.

(Provide specific information regarding the delinquent account and any other information known about the individual's response to the previous notices of delinquency.)

Reinstatement of the cardholder's account requires payment of the debt in full and approval by the commander or director. The Travel Card Contractor reserves the right to deny reinstatement. Cardholders who do not properly liquidate their Government Travel Card debts, or use the card for personal purposes, also may be subject to disciplinary action in accordance with applicable statutory and regulatory provisions and the Multi-Unit Master Agreement for bargaining unit employees.

Please contact (name) Agency Program Coordinator, on extension _____, should further questions arise. Please have the cardholder sign to acknowledge receipt of this notification and return it with your written response, outlining the actions taken, within 5 business days.

(Signature)
Agency Program Coordinator

Cardholder acknowledgement of memorandum receipt.

Name, Grade, Organization

Date