

CHAPTER 2, ANNEX 1: CHARTER FORMAT

DEPARTMENT OF DEFENSE
(MILITARY DEPARTMENT/DEFENSE-WIDE) WORKING CAPITAL FUND
(TITLE OF WORKING CAPITAL FUND ACTIVITY GROUP,
e.g., SUPPLY MANAGEMENT) CHARTER

1. AUTHORITY

The (insert the name of the working capital fund and the fund's activity group), is (was) established, effective _____ (DATE) _____, under the authority of Title 10, United States Code, Section 2208. Operations of the (insert the name of the fund's activity group) shall be conducted in accordance with applicable Department of Defense policies and regulations.

2. MISSION

(Provide a brief statement of the mission of the fund's activity group.)

3. MANAGEMENT COMMAND

(Provide the name and location of the fund's activity group management command.)

4. ACTIVITY COMPOSITION

See Attachment. (Attach a list of each activity included within the fund's activity group and each activity's location. The attachment should include an "as of" date.)

5. AUTHORIZED EXCEPTIONS

(Indicate any policy exceptions specifically authorized for the fund's activity group or any activity included within the fund's activity group. Also, explicitly state/reference the document approving that exception. Documentation supporting any authorized exceptions shall be submitted with the charter request. If no exceptions are authorized, state "None.")

DEPARTMENT OF DEFENSE
(MILITARY DEPARTMENT/DEFENSE-WIDE) WORKING CAPITAL FUND
(TITLE OF WORKING CAPITAL FUND ACTIVITY GROUP,
e.g., SUPPLY MANAGEMENT) CHARTER

6. CANCELLATION

(This section provides for the cancellation of any previously approved charter(s). Identify the previous approved charter(s) with its date(s) and specify that it hereby is canceled as a result of the approval of this charter.)

Submitted by: _____
(Title of Submitting Official)

Approved: _____
Under Secretary of Defense (Comptroller)

DEPARTMENT OF DEFENSE
(MILITARY DEPARTMENT/DEFENSE-WIDE) WORKING CAPITAL FUND
(TITLE OF WORKING CAPITAL FUND ACTIVITY GROUP,
e.g., SUPPLY MANAGEMENT) CHARTER - ATTACHMENT

ACTIVITY COMPOSITION: (As of _____ DATE _____)

(List each activity included within the fund's activity group and each activity's location. Include page number if list is longer than one page.)

<u>Activity</u>	<u>Location</u>
(Name of Activity)	(City and State)

Attachment