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).

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:

_____ **Use of the card**: *"I agree to use the Card only for official travel and official travel-related expenses away from my official station/duty station in accordance with DoD policy* **[see FMR]**. *I agree not to use the Card for personal, family or household purposes. I understand that the Card is not transferable and will be used by me alone only after I have signed the Card on the back above the words "authorized signature." I agree that I will not charge the expenses of others on this card. In the event that I do make such charges, I understand that I am fully liable for all such transactions made."*

_____ **Payment**: *"My billing statement is due and payable in full, upon receipt of the statement..."* **NOTE: Using split disbursement with DTS will pay your card balance for you. No need for you to pay Citibank yourself.**

_____ **Dishonored Checks**: *"I agree that the Bank may impose as liquidated damages for its costs a* ***charge of $29****."* This fee is not reimbursable.

_____ **Billing Inquiries/Problems with Goods and Services**: *"If I have any questions, problem or dispute about the billing statement, I will notify the Bank in writing or by telephone, within 60 days of the billing date on the statement."* Citibank's phone number is: 1-800-200-7056.

_____ **Purchases**: *"I understand that I may use the Card or Account for purchases wherever the Card is honored, in accordance with DoD policies and procedures."* See DoD FMR Volume 9, Chapter 3.

_____ **Cash Advance**: *"The DoD may approve my Card or Account for cash advance privileges. This will enable me to use my Card to obtain cash from...[ATMs]...when authorized by the DoD."* See the FMR for further details.

_____ **Cash Advance Transaction Fee**: *"Each time I use my Card to obtain cash, I will be assessed a transaction fee of 2.00%."* **IMPORTANT: You can claim these fees on your travel voucher and obtain reimbursement.**

_____ **Personal Identification Number (PIN)**: *"I understand that I should not give my card and/or PIN to another person for use. In the event that I do give my card and/or PIN to someone else, I understand that I am fully liable for all such transactions."*

_____ **My Ability to Get Cash at an ATM or Citibank Branch Bank**: *"Any limits for obtaining cash are set by DoD policy. Limits on the number of and the dollar amount of transactions may be restricted by the operators of the ATM."*

_____ **Suspension**: *"My Account is considered delinquent if payment for the undisputed principal amount has not been received* ***45 calendar days*** *from the closing date on the billing statement in which the charge appeared." "If payment has not been received* ***55 calendar days*** *from the closing date, the DoD and I will be notified that the suspension process will be initiated." "If payment for the undisputed principal amount has not been received* ***61 calendar days*** *from the closing date, my Account will be suspended, unless otherwise directed by the DoD." "Upon payment of the undisputed principal amount to the Bank my Account will be reinstated."*

_____ **Cancellation**: *"Citi may initiate cancellation of my Card or Account if: (i) my Card is used for unauthorized purposes and the Bank has the DoD's permission to cancel; (ii) my Account is past due for the undisputed amounts* ***120 calendar days*** *past the closing date and all suspension procedures have been met by the Bank; (iii) my Account has been suspended two times during the 12-month period for undisputed amounts and is past due again."*

_____ **Late Fee**: *"The* ***late fee of $29.00*** *will be assessed when payment for the full undisputed charges identified on the monthly Statement of Account is not remitted with two billing cycles plus 15 days past the statement closing date on the Statement of Account in which the Charge first appeared." "The late payment fee of $29.00 will continue to be assessed each billing cycle until the past due amounts are brought current."* Late fees are not reimbursable.

_____ **Reinstatement of Canceled Accounts**: *"The Bank may reinstate canceled Accounts upon payment of the undisputed principal amount and late fee." "I will be charged a* ***fee of $29.00*** *upon successful reinstatement."* This fee is not reimbursable.

_____ **Collection**: *"The Bank may use a collection agency to collect against canceled Accounts."*

_____ **Liability for Charges**: *"I am responsible for all purchases; cash advances and fees charged to the Card issued to me, and the Bank will seek payment for all charges directly from me regardless of whether I have been reimbursed by the DoD."*

_____ **Changes to Name, Address or Employment**: *"I will promptly notify the Bank of any changes in my name, address, phone number or any other changes specific to my Agency or employment."*

Notify the Card Contractor (Citibank) And 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 that 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
_____	_____
Applicant's Phone Number	Supervisor's Phone Number

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