



Statement of Understanding (Form):

The DoD Agreement with the Travel Charge Card Contractor, Citi, states that the Travel Charge Card process must include the requirement for every cardholder to sign a **Statement of Understanding**. The statement outlines the rules/regulations that the cardholder must abide by as a holder of a Government Travel Charge Card.

INSTRUCTIONS: Please read the Statement of Understanding, initial the required lines, sign, date, obtain supervisor's signature, and return **only** the form to: Ms. Charlotte Pomeroy, DoDEA, Resource Management Division/MAS, Component Program Manager, via FAX (703) 588-3709.

AGREEMENT BETWEEN DEPARTMENT OF DEFENSE EMPLOYEE AND THE CARD CONTRACTOR (Citi)
DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STATEMENT OF UNDERSTANDING
GOVERNMENT TRAVEL CARD PROGRAM

I certify that I have read the attached Department of Defense (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 DoD.

The above limitation on card usage also applies to automatic teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed \$665 (standard) or \$365 (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 Travel Card Contractor and the APC if my charge card is
lost or stolen. _____

NOTE: Card applicants **must initial** all of 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.

(Signature)

(Supervisor's Signature)

(Date)

(Date)

(Printed Name)

(Supervisor's Printed Name)

(Series/Grade/Title)

(Supervisor's Series/Grade/Title)