

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY  
STATEMENT OF UNDERSTANDING  
GOVERNMENT TRAVEL CARD PROGRAM**

I certify that I have read the DoD government travel card policy and procedures. I understand that the government travel charge card program is designed to improve the management, efficiency, and control of government travel. 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.

The above limitation on card usage also applies to automated teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed the cash limits established on the card. 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 the Department's policy requires mandatory use of split disbursement for all outstanding charges on the travel card for military personnel and civilian personnel where labor bargaining obligations have been met.

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 through prompt filing of travel vouchers and election of split disbursement. \_\_\_\_\_
- 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. \_\_\_\_\_

**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 cardholder agreement with the travel card contractor.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Supervisor's Printed Name)

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Series/Grade/Title)

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(Supervisor's Series/Grade/Title)