

Government Charge Card (GOVCC) Program Validation Checklist

INSTRUCTIONS: Complete the following GOVCC Program Validation Checklist, then sign, date, and return to: Ms. Charlotte Pomeroy, DoDEA, Resource Management Division, MAS, Agency Program Coordinator, via email charlotte.pomeroy@hq.dodea.edu or FAX (703) 588-3755. The validation checklist must be completed and returned by <u>NLT the 5th workday of each month.</u>				
Bank of America EAGLS REPORTS	Reviewed	Validate Travel Orders	N/A	Number of Actions
Account Listing Report				
(1) Review account listing report to ensure cardholder accounts are located in the proper hierarchy level (HL).				
(2) Transferred cardholder accounts.				
(3) Close cardholder accounts.				
(4) Update cardholder account information, i.e., billing address, email/telephone numbers.				
Authorization/Decline Report				
(1) Review authorization/decline report to ensure that the declined charges were not an inappropriate expense.				
(2) All travel orders on file as required.				
(3) Misuse/abuse notification letter issued to cardholder's supervisor				
(4) Received cardholder's signed acknowledgement of counseling.				
Delinquency Report				
(1) Review delinquency report for accounts that are in a delinquent status.				
(2) Notify cardholders of 30-day delinquency.				
(3) Issue 60-day notification letter to cardholder's supervisor				
(4) Issue 90+ day notification letter to Area Office/District Level through Supervisor to cardholder.				
(5) Cardholder counseling				
(6) Received cardholder's signed acknowledgement of counseling.				
Transaction Activity Report				
(1) Review transaction activity report for inappropriate use and/or abuse of travel card privileges.				
(2) All travel orders on file as required				
(3) All expenses valid.				
(4) Cardholder counseling.				
(5) Misuse/abuse notification letter issued to supervisor.				
(6) Received cardholder's signed acknowledgement of counseling.				

I certify that the EAGLS reports listed above have been reviewed, validated and completed for the month of (mm/yyyy)

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Hierarchy Level:	Signature:
Name (A/OPC)	Date: