



DEPARTMENT OF DEFENSE
EDUCATION ACTIVITY
4040 NORTH FAIRFAX DRIVE
ARLINGTON, VA 22203-1635

Logistics Division

06-L-001
September 7, 2006

DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
POLICY MEMORANDUM

SUBJECT: Controlling Metro Fare Cards

Reference: Director of DoDEA Policy Memorandum, "Controlling Metro Fare Cards,"
October 23, 1997, hereby canceled

It is the policy of the Department of Defense Education Activity (DoDEA) that all personnel observe the responsibilities and procedures for the issuing, recording, and controlling of Metro Fare Cards that are to be used for transportation to the Pentagon and within the Metropolitan area of the District of Columbia.

This memorandum is applicable to all personnel assigned to and supported by the Department of Defense Education Activity and is effective immediately.

A system has been established to provide Metro Fare Cards to personnel who are required to utilize the Metro Rail System to accomplish official business. Metro Fare Cards are the property of the United States Government. Each individual signing for a Metro Fare Card assumes responsibility for the card upon receipt.

Metro Fare Cards are only to be used for the conduct of official business. They shall not be used for:

1. Travel to and from the airport in conjunction with TDY.
2. Social events.
3. Personal business.
4. Travel to and from an employee's residence.

If fare cards are stolen, the cardholder shall immediately contact the Office of Safety and Security; forward a completed DD Form 200, "Financial Liability Investigation of Property Loss" (attachment 1), with a police report attached to the

Logistics Division. If fare cards are stolen while not in a locked container, it is the responsibility of the division to replace the stolen fare cards.

Metro fare cards will be prenumbered and accountable to each recipient. Each trip should be accounted for on the Metro Fare Card Register (attachment 2), in order to ascertain the correct amount left on the fare card.

In order to receive new fare cards, the fare cards which have been fully expended and kept by the turnstile, or have insufficient funds to cover a one way trip, must be accounted for. Fare cards which are kept by the turnstile or turned in are reported using the Metro Fare Card Register (attachment 2), and the Metro Fare Card Usage Report (attachment 3). These reports must first be turned in to the DoDEA fare card controller before a division may receive replacement fare cards.

It is the responsibility of each DoDEA Headquarters Division Chief to:

1. Appoint responsible DoDEA employees (attachment 4), as the primary and alternate division fare card controllers. The primary division fare card controller shall control and account for fare cards and ensure that fare cards are stored in a locked container. In the absence of the primary controller, the alternate division fare card controller shall sign for the cards and assume the primary controller responsibilities. The primary controller shall verify the bookkeeping of the alternate fare card controller upon resumption of duties.
2. Review fare card records periodically to ensure cards are being used for official business.
3. Maintain records on the use and disposition of the fare cards.
4. Ensure that employees who are assigned an individual fare card maintain the same type of records as the primary fare card controller. An individual fare card may be issued to an employee (e.g., the Director, Division Chiefs) who have a need to use the metro on a daily basis. The individual fare card holder must maintain his or her own fare card register. When the fare card has been depleted the card holder must give the register to the division fare card controller in order to receive a new card.
5. Forward a completed Report of Survey (DD Form 200) with the accompanying police report to the Logistics Division in the event that fare cards are stolen. If fare cards are stolen while not in a locked container, it is the responsibility of the division to replace the stolen fare cards and contact the Office of Safety and Security.

Each individual fare card holder shall:

1. Assume responsibility for the monetary value of the fare cards.
2. Use the fare card for official business *only* and return the fare card when travel is completed.
3. Explain any significant differences between the destination fare rate and actual rate charged to the fare card.
4. Replace lost or mutilated fare cards by purchasing a new fare card for the amount remaining on the card at the time of loss or mutilation.

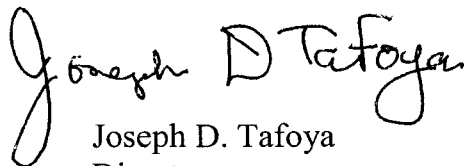
The DoDEA fare card controller is responsible for the overall management and control of the fare card program.

The DoDEA fare card controller shall:

1. Order, store, and issue all fare cards.
2. Keep a running inventory of all cards on hand and a record of all cards issued.
3. Issue, upon a receiving request from the division fare card controller, a new fare card. The fare cards shall be issued on a one to one basis to replace those that are either turned in, or kept at the turnstile.

The provisions of this policy shall be included in the issuance of a new DoDEA Regulation for the control of Metro fare cards.

Questions concerning this policy should be addressed to the Supervisory Supply Management Specialist on (703) 588-3522.


Joseph D. Tafoya
Director

Attachments:
As stated

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2775; DoD Directive 7200.11; EO 9397.

ROUTINE USE(S): None.

PRINCIPAL PURPOSE(S): To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.

DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.

1. DATE INITIATED (YYYYMMDD)		2. INQUIRY/INVESTIGATION NUMBER		3. DATE LOSS DISCOVERED (YYYYMMDD)	
4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION			6. QUANTITY	7. UNIT COST
					8. TOTAL COST 0.00
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) <i>(Attach additional pages as necessary)</i>				<input type="checkbox"/> LOST	<input type="checkbox"/> DAMAGED
				<input type="checkbox"/>	<input type="checkbox"/> DESTROYED
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES <i>(Attach additional pages as necessary)</i>					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>		b. TYPED NAME <i>(Last, First, Middle Initial)</i>		c. DSN NUMBER	
		d. SIGNATURE		e. DATE SIGNED	
12. (X one) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS			
c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>		d. TYPED NAME <i>(Last, First, Middle Initial)</i>		e. DSN NUMBER	
		f. SIGNATURE		g. DATE SIGNED	
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>		e. TYPED NAME <i>(Last, First, Middle Initial)</i>		f. DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	
14. APPROVING AUTHORITY					
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>		e. TYPED NAME <i>(Last, First, Middle Initial)</i>		f. DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	

15. FINANCIAL LIABILITY OFFICERa. FINDINGS AND RECOMMENDATIONS *(Attach additional pages as necessary)*

b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	f. TYPED NAME <i>(Last, First, Middle Initial)</i>	g. DSN NUMBER
	h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i>	i. DATE APPOINTED <i>(YYYYMMDD)</i>
	j. SIGNATURE	k. DATE SIGNED

16. INDIVIDUAL CHARGEDa. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND *(X one)*

<input type="checkbox"/>	Submit the attached statement of objection.	<input type="checkbox"/>	Do not intend to make such a statement.
b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.			
c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	d. TYPED NAME <i>(Last, First, Middle Initial)</i>	e. SOCIAL SECURITY NUMBER	
	g. SIGNATURE	h. DATE SIGNED	
f. DSN NUMBER			

17. ACCOUNTABLE OFFICER

a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD

b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	c. TYPED NAME <i>(Last, First, Middle Initial)</i>	d. DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED

METRO FARE CARD REGISTER

DIVISION: _____

CARD #: _____

DATE OUT	ISSUED TO	DESTINATION	AMOUNT OF CARD	USER'S INITIALS	TOTAL REMAINING	DATE RETURNED	CONTROLLER INITIALS

(Check one) DISPOSITION OF CARD: METRO TURNSTILE KEPT _____ INSUFFICIENT FUNDS FOR A ONE-WAY TRIP

METRO FARE CARD USAGE REPORT

DIVISION: _____

DATE: _____

Total number of fare cards on hand:
(This is the number of cards you start out with each time.)

Total number of fare cards being turned in or kept by turnstile: _____
(List Numbers)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total number of fare cards remaining after turn in: _____
(List Numbers)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Signature, Division
Fare Card Controller)

.....
(DoDEA Fare Care Controller Use Only)

Total number of fare cards issued: _____
(List Numbers)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Received & Issued by: _____ Date: _____
(DoDEA Fare Card Controller)



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MEMORANDUM FOR DODEA METRO FARE CARD CONTROLLER, LOGISTICS
DIVISION

SUBJECT: Use and control of Metro Fare Cards

The following personnel are authorized to obtain Metro Fare Cards from your office in
the bulk for the _____ Division:

- a. Primary:
- b. Alternate:

(Division Chief's Signature)