

CHAPTER 3
ANNEX 1

DEPARTMENT OF DEFENSE (DoD) - (COMPONENT)
STATEMENT OF UNDERSTANDING
GOVERNMENT TRAVEL CHARGE CARD PROGRAM

I certify that I have read the attached 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.

(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 the 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.

(Applicant's Signature)

(Supervisor's Signature)

(Applicant's Printed Name)

(Supervisor's Printed Name)

(Applicant's Series/Grade/Title)

(Supervisor's Series/Grade/Title)

CHAPTER 3
ANNEX 2

SAMPLE 60 DAY DELINQUENCY MEMORANDUM

MEMORANDUM FOR (NAME OF CARDHOLDER'S IMMEDIATE SUPERVISOR)

SUBJECT: Delinquent Government Travel Charge Card Payment Notification - 60 Days

We have been informed by the General Services Administration government travel card contractor that _____ (cardholder's name) is over 60 days delinquent in payment of his/her account. The total amount due is \$ _____. The account is subject to a \$29 late fee at the point the account becomes 75 days delinquent and additional \$29 late fees for every subsequent billing cycle until the debt is resolved.

(Provide the specific information regarding the delinquent charges.)

★ The government travel card contract requires that all outstanding charges be paid by the date specified on the billing statement. The travel card contractor has suspended card privileges for this cardholder. The cardholder should be notified of this action and counseled concerning the use of the government travel card. Cardholders on temporary duty more than 45 days are required to submit travel vouchers for payment every 30 days and maintain their travel card account in a current status. 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. If bargaining for civilians has not been completed, travel vouchers that do not reflect a method of payment in block one of the DD Form 1351-2 ("Travel Voucher or Subvoucher") will result in transportation and lodging payments being split disbursed by default.

Non-compliance, or failure to adhere to the guidelines for the government travel card, may result in disciplinary action in accordance with applicable statutory, regulatory, or contractual provisions and applicable the Multi-Unit Master Agreement for bargaining unit employees.

The delinquent balance may be resolved by one of the following actions: (1) payment in full; (2) a reasonable explanation documented and submitted to the contractor through the Agency Program Coordinator (APC); or (3) an agreed upon repayment schedule with the travel card contractor. Billing questions may be directed to the travel card contractor at the number printed on the billing statement for that purpose. Program management questions may be directed to _____ (APC's name) at telephone number _____.

Please have the cardholder sign to acknowledge receipt of this delinquent notification and return it to me with your written response, outlining the actions taken, within 5 business days.

(Signature)
Agency Program Coordinator

cc: Cardholder

Cardholder acknowledgement of memorandum receipt.

Name, Grade, Organization

Date

CHAPTER 3
ANNEX 3

SAMPLE 90 DAY DELINQUENCY MEMORANDUM

MEMORANDUM FOR SECOND LEVEL SUPERVISOR
THROUGH: TRAVELER'S IMMEDIATE SUPERVISOR

SUBJECT: Delinquent Government Travel Charge Card Payment Notification - 90 Days

The 90-day delinquent notification list from the government travel card contractor has been received and _____ (cardholder's name) is now 90 days delinquent in the payment of his or her account. Total amount due is \$ _____. The attached 60-day notification memorandum informed you that payment on the cardholder's government travel card account was delinquent. The travel charge card contractor will send a letter notifying the cardholder of impending salary offset and due process. The account became subject to a \$29 late fee at the point the account became 75 days delinquent and additional \$29 late fees for every subsequent billing cycle until the debt is resolved.

(Provide specific information regarding the delinquent charges.)

★ The government travel card contract requires that all outstanding charges be paid by the date specified on the billing statement. If no action is taken to settle this debt, the Agency Program Coordinator (APC) or the card contractor may cancel the account. Meanwhile, travel card privileges have been suspended as of _____ (date). These privileges may be restored upon complete liquidation of the debt. The cardholder must be notified and counseled. Cardholders on temporary duty more than 45 days are required to submit travel vouchers for payment every 30 days and maintain their travel card account in a current status. 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. If bargaining for civilians has not been completed, travel vouchers that do not reflect a method of payment in block one of the DD Form 1351-2 ("Travel Voucher or Subvoucher") will result in transportation and lodging payments being split disbursed by default.

Noncompliance, or failure to adhere to the guidelines for the government travel card, may result in disciplinary action in accordance with applicable statutory, regulatory, or contractual provisions and applicable Multi-Unit Master Agreement for bargaining unit employees.

The delinquent balance may be resolved by one of the following actions: (1) payment in full; (2) a reasonable explanation documented and submitted to the contractor through the Agency Program Coordinator (APC); or (3) an agreed upon repayment schedule with the travel card contractor. Billing questions may be directed to the travel card contractor at the number printed on the billing statement for that purpose. Program management questions may be directed to _____ (APC's name) at telephone number _____.

Please have the cardholder sign to acknowledge receipt of this delinquent notification and return it to me with your written response, outlining the actions taken, within 5 business days.

(Signature)
Agency Program Coordinator

cc: Cardholder
Cardholder acknowledgement of memorandum receipt.

Name, Grade, Organization

Date

CHAPTER 3
ANNEX 4

SAMPLE 120 DAY DELINQUENCY MEMORANDUM

MEMORANDUM FOR COMMANDER/DIRECTOR

SUBJECT: Cancellation of Government Travel Card - 120 Days Delinquent Payment Notification

★ The 60 and 90 day delinquent notification memoranda, dated _____ and _____ respectively, notified the immediate supervisor and the department director (or equivalent manager) of the past due account for cardholder _____ (name). It has now been brought to our attention that this cardholder has a delinquent government travel card balance of \$_____ that is over 120 days past due. **To date, no arrangement has been made with the Bank to resolve this debt.** Therefore, the account has been canceled. The cardholder has received notice of impending salary offset from the travel card contractor. If the cardholder is not eligible for salary offset, the travel card contractor now will begin official collection action. Collection action may include credit bureau notification of the employee’s failure to pay and garnishment of the employee’s pay. Additionally, delinquent cardholders are subject to a \$29 late fee per billing cycle for each and every billing cycle following the point at which the account became 75 days delinquent and additional \$29 late fees for every subsequent billing cycle until the debt is resolved.

(Provide specific information regarding the delinquent account and any other information known about the individual's response to the previous notices of delinquency.)

The cardholder may request reinstatement with the approval of the commander or director. Reinstatement is conditioned on a new favorable credit score, no outstanding balance, and payment of a \$29.00 nonreimbursable fee. Cardholders who do not properly liquidate their government travel card debts, or use the card for personal purposes, may be subject to disciplinary action in accordance with applicable statutory, regulatory, **or contractual provisions and applicable** Multi-Unit Master Agreement for bargaining unit employees.

Please contact _____ (Agency Program Coordinator) at telephone number _____, should further questions arise. Please have the cardholder sign to acknowledge receipt of this notification and return it with your written response, outlining the actions taken, within 5 business days.

(Signature)
Agency Program Coordinator

cc: Cardholder

Cardholder acknowledgement of memorandum receipt.

Name, Grade, Organization

Date