

**COD GOVERNMENT PURCHASE CARD OR CONVENIENCE CHECK DESTRUCTION  
CERTIFICATE**

**TRICARE MANAGEMENT ACTIVITY (TMA)  
CONTRACT OPERATIONS DIVISION (COD)**

**GENERAL GOVERNMENT PURCHASE CARD or CONVENIENCE CHECK  
CERTIFICATE of DESTRUCTION**

I certify the **Government Purchase Card** issued to:

Cardholder Name: \_\_\_\_\_

Card Number (last four): \_\_\_\_\_

Destruction Date: \_\_\_\_\_ (*cut into four pieces*)

I certify the **Government Purchase Convenience Checks** issued to:

Convenience Check writer Name: \_\_\_\_\_

Check Numbers: \_\_\_\_\_

Destruction Date: \_\_\_\_\_ (*shredded*)

**Billing Official**

|                 |            |                |
|-----------------|------------|----------------|
| Print Last Name | First Name | Middle Initial |
| Component       | Location   | Work Telephone |
| Date            | Signature  |                |

**Witness**

|                 |            |                |
|-----------------|------------|----------------|
| Print Last Name | First Name | Middle Initial |
| Component       | Location   | Work Telephone |
| Date            | Signature  |                |

**Note:** Forward completed form to the Government Purchase Card Agency/Organization Program Coordinator and retain a copy in the Billing Official's records.