

**DEPARTMENT OF DEFENSE/DEPARTMENT OF THE NAVY
STATEMENT OF UNDERSTANDING
GOVERNMENT TRAVEL CARD PROGRAM**

I certify that I have read the attached DOD Government Travel Card policy and procedures. I understand that the Government Travel Card Program is designed to improve the management and control of government travel and thereby promote the efficiency of the Federal Service. 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 policies, procedures and instructions issued by the Department of Defense (DoD) and the issuing contractor.

The above limitation on card usage also applies to automatic teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed \$665 (standard) or \$365 (restricted) per billing cycle. 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, charge expenses directly to the account wherever feasible rather than use cash withdrawals.**

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:
(Card applicants must initial all the following provisions.)

Abide by all rules and regulations issued by DOD and the Card Contractor with respect to the charge card.	
Use the charge card only for official travel.	
Pay all charges upon receipt of the monthly billing statement from the charge card contractor, regardless of the status of my travel voucher.	
Notify the APC of any problems with respect to my usage of the charge card.	
Notify the Card Contractor and APC if my charge Card is lost or stolen.	
Notify the Card Contractor if my personal contact information changes.	
Safeguard the Personal Identification Number (PIN) issued by the Card Contractor or set up by me and not disclose that PIN to anyone.	
I certify that I have read the attached DOD Government Travel Card policy and procedures.	
I certify that I have read and agreed to abide by the Government Travel Card Agreement.	

(Cardholders must initial all the above provisions).

I also understand that failure on my part to abide by these rules or other misuse of the Card may result in disciplinary and or administrative 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 agreement I have signed 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)

Note: The Government Travel Card application cannot be processed without this form on file.