GOVERNMENT TRAVEL CHARGE CARD AGREEMENT (AGR/TECHNICIAN)

I certify that I have read the DOD government travel charge card policy and procedures contained on the Bank of America application. I understand that I am authorized to use the card only for those necessary and reasonable expenses incurred by me for official travel as authorized and validated by travel orders. I understand that the travel charge card shall not be used for personal purposes. I will abide by these and other instructions issued by the Department of Defense, the Army's program manager and my Agency Program Coordinator (APC) for use of the government travel charge card issued to me for the explicit purpose of conducting official government travel. Applicant must initial all provisions listed below:

I UNDERSTAND AND AGREE TO:

_____ABIDE BY ALL RULES AND REGULATIONS WITH RESPECT TO THE CARD.

_____USE THE CARD ONLY FOR OFFICIAL TRAVEL VALIDATED BY TRAVEL ORDERS.

_____PAY ALL CHARGES SO THAT PAYMENT IS RECEIVED BY BANK OF AMERICA WITHIN 30 DAYS OF THE CLOSING DATE INDICATED ON THE MONTHLY BILLING STATEMENT, **EVEN IF I HAVEN'T RECEIVED REIMBURSEMENT**.

_____NOTIFY MY PROGRAM COORDINATOR OF ANY PROBLEMS WITH RESPECT TO MY USE OF THE CARD.

_____NOTIFY BANK OF AMERICA AND MY PROGRAM COORDINATOR IF MY CARD IS LOST OR STOLEN.

_____UNDERSTAND MY TRAVEL CHARGE CARD WILL BE **CANCELLED** IF ANY CHARGE IS NOT PAID WITHIN **120 DAYS** OF THE FIRST BILLING PERIOD.

_____UNDERSTAND THAT SPLIT DISBURSEMENT IS MANDATORY.

_____CERTIFY THAT I HAVE VIEWED THE *TRAVEL CHARGE CARD CARDHOLDER POWERPOINT TRAINING PRESENTATION ON THE USPFO WEB SITE AT* ***HTTP://USPFOWEB/WEBPUBS/COMPTROLLERDOCUMENTS/TRAVELCHARGECARD/***

_____UNDERSTAND THAT I AM ONLY AUTHORIZED TO WITHDRAW AN AVERAGE OF $25 PER DAY FROM AN ATM USING MY GOVERNMENT TRAVEL CARD.

APPLICANT'S PRINTED NAME: _____

APPLICANT'S WORK LOCATION: _____

SUPERVISOR'S SIGNATURE: _____ DATE:_____

SUPERVISOR'S PRINTED NAME: _____

SUPERVISOR'S PHONE NUMBER: _____

SUPERVISOR'S WORK LOCATION: _____

PROGRAM COORDINATOR'S PRINTED NAME: _____

PROGRAM COORDINATOR'S SIGNATURE & DATE RECEIVED:_____

I understand that failure on my part to abide by these rules on my misuse of the card may result in disciplinary action being taken against me. I also acknowledge the right of Bank of America or my Agency Program Coordinator (APC) to revoke or suspend my card privileges if I fail to abide by the terms of this agreement.

_____ _____

// APPLICANT'S SIGNATURE // // DATE //