

MCO 4600.40A
13 MAY 2002

Figure (1)
DEPARTMENT OF DEFENSE/USMC STATEMENT OF UNDERSTANDING
GOVERNMENT TRAVEL CARD PROGRAM

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 by the Department of Defense (DoD).

The above limitation on Card usage also applies to automatic teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed \$500 (standard) or \$250 (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 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 the following provisions.)

- 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 from the Charge Card Contractor _____
- 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 _____
- Notify the Card Contractor if my address changes _____

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 Co & Plt/Grade/Title)

(Supervisor's Co & Plt/Grade/Title)

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

Email: _____ (.MIL EMAIL PREFERRED)