

PURCHASE CARD APPLICATION OR CHANGE REQUEST FORM

(Prescribing Document – SSCSDINST 7300.1A)

FOR APPROVING OFFICIALS AND CARDHOLDERS

PRIVACY ACT STATEMENT

Authority: E.O. 9397; E.O. 12931; 40 U.S.C. Sec. 501-502.

Purpose: To establish and maintain a system for operating, controlling, and managing the purchase charge card program involving commercial purchases by authorized Federal government employees and contractors.

Routine Use(s): System information may be accessed and used by authorized SSC San Diego employees or contractors to conduct official duties associated with the management and operation of the purchase charge card program. Information from this system also may be disclosed as a routine use:
 To an expert, consultant, or contractor in the performance of a Federal duty to which the information is relevant, including individuals, organizations, private or public agencies, or other entities or individuals with whom a Federal agency/organization has a contract or agreement to perform such services, including issuance of charge cards, as that agency/organization may deem practicable for the purposes of laws administered by the agency/organization, in order for the contractor, subcontractor, public or private agency, or other entity or individual with whom the agency/organization has an agreement or contract to perform the services of the contract or agreement. This routine use includes disclosures by the individual or entity performing the service for the Federal agency/organization to any secondary entity or individual to perform an activity that is necessary for individuals, organizations, private or public agencies, or other entities or individuals with whom the agency/organization has a contract or agreement to provide the service to the agency/organization.

Disclosure: Voluntary, however, failure to provide complete information may result in denial of the purchase card application.

From: _____ Date: _____
 (Division/Branch Head or Approving Official)

To: Agency Program Coordinator (Code 2214)

I am submitting the following information to request a new Approving Official (AO) or Cardholder (CH) account be established or update an existing AO or CH account.

Application for New AO Account **Application for New CH Account**
 Application for New CH Acct >\$3,000 (GSA only)
 Change Request for AO Account **Change Request for CH Account**

Part I – NEW OR REVISED INFORMATION FOR AO OR CH

Name of AO or CH: _____

Code: _____ Work Phone No: _____

Location of work: _____ Legacy User Id: _____

E-Mail Address (NMCI): _____ Service Comp Date: _____
 (For Bank use only)

Justification for nominating new AO or CH (Provide specific information): _____

Note: Prospective AO or CH must be a government employee of SPAWAR. Contractors or student aides are not allowed to have a government purchase card. AOs should be, to the greatest extent possible, the supervisor of the CH or be in the direct line of authority.

Part II – NEW OR REVISED PURCHASE CARD SPENDING LIMITS FOR AO OR CH (Micro-Purchase threshold is \$3,000/transaction for supplies; \$2,500/year for services)

AO Cycle Limit: \$ _____ (\$100,000 min. if not filled in)

CH Single Purchase Limit: \$ _____ CH Billing Cycle Limit: \$ _____

CH GSA Single Purchase Limit: \$ _____ CH GSA Billing Cycle Limit: \$ _____

Justification for new or revised spending limits (Provide specific information): _____

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Part III – ACCOUNTABLE OFFICIAL MEMO & ACKNOWLEDGEMENT STATEMENT (New CH). Memo must be signed by AO and acknowledged by CH. Memo must accompany application.

PART IV – TRAINING AND CERTIFICATES OF COMPLETION REQUIRED FROM NEW AOs & CHs. Training must be completed w/in 30 days of receipt of application. Submit certificates of completion to the APC.

Part V – AUTHORIZED SIGNATURES

Requesting Official/Approving Official Signature & Date _____

Concurrence by Division/Branch Head Signature & Date: _____

PURCHASE CARD OFFICE USE ONLY

____ IOP Training (Initial)

____ CON 237 (if authorized)/AO & CH

____ DoN CCPMD PC Training (Role-Based)

____ DoD Standards of Conduct/Ethics Training/AO & CH

____ DAU Government PC Tutorial (CLG 001)

APC review and approval: _____

AO Ratio: _____

Received date: _____

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MEMORANDUM FOR _____ (*CARDHOLDER
NAME*)

Subj: APPOINTMENT AS ACCOUNTABLE OFFICIAL

Encl: (1) Acknowledgement Statement

1. You presently occupy a position wherein your duties include the functions of an accountable official. This memorandum is formal notification that you are hereby appointed as an accountable official to *Approving Official Name*, *Approving Official Code*.

2. As a purchase card program accountable official, you will be accountable and pecuniary liable for any erroneous payments that result from inaccurate information and data including designation of the proper appropriations or other funds provided to a certifying officer, if the erroneous payment is the result of negligence relative to the performance of assigned accountable official duties. Pecuniary liability includes responsibility for erroneous payments that result from information, data, or service that was negligently provided to the certifying officer.

3. In addition, you must become thoroughly familiar with your responsibilities and accountability. Volume 5, Chapter 33, of the DoD Financial Management Regulation (FMR) provides a description of your responsibilities and pecuniary liability as an accountable official. You should read and become thoroughly familiar with these responsibilities and liability. After completion, you must acknowledge this appointment and that you have read and understand your responsibilities and liability by signature on the space provided on the acknowledgement provided on the next page.

4. You can find the FMR Vol. 5, Chapter 33 at the following site: <http://www.dod.mil/comptroller/fmr/>.

(Printed name and signature of Approving Official)

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CARDHOLDER ACKNOWLEDGEMENT

1. In accordance with this memorandum, I hereby execute the following statement:

"By signature hereon, I acknowledge my appointment as an accountable official. I have read and understand my responsibilities and pecuniary liability as described in Volume 5, Chapter 33, of the DoD Financial Management Regulation. I understand that I have the right to request relief of liability for any certification I supported that is determined to be an illegal, improper, or incorrect payment. I further understand that this appointment will remain in effect until I am transferred, separated for any reason, or retire from service."

Date

(Print name & signature of cardholder who is the accountable official)