

**GOVERNMENT TRAVEL CHARGE CARD (GTCC)
STATEMENT OF UNDERSTANDING**

Ref.- DOD Financial Management Regulation, Volume 9
DEPARTMENT OF DEFENSE GOVERNMENT TRAVEL CHARGE CARD

LAST NAME, FIRST NAME, MIDDLE INITIAL

Section A:

1. **POLICIES:** I have read and understand the DoD Government Travel Charge Card (GTCC) policies and procedures upon initial submission/recertification of my GTCC application/account and the limitations of its use.

2. **OFFICIAL USE ONLY:** I understand that this card is only authorized for use in connection with my official TAD/TDY travel and any unauthorized use is a violation of the terms of the GTCC program and may subject me to administrative and/or disciplinary actions.

3. **CUSTOMER SERVICE:** I understand that I can get up-to-date info on my GTCC account by contacting the Agency Program Coordinator.

4. **SPLIT DISBURSEMENT:** I am required to make split disbursement of the total amount owed on my GTCC upon submission of my travel claim. The split disbursement amount I specify will be remitted directly to Citibank crediting my GTCC account. The balance due to me on my travel claim reimbursement will then be deposited directly into my bank account. Travelers are entitled to reimbursement of any late payment fees if the claim is not paid within 30 calendar days, in accordance with the Prompt Payment Act.

5. **FILE YOUR TRAVEL CLAIMS:** I should file my travel claim within 5 days upon return from TAD/TDY. As a result, I understand that the goal of DTS is to process TAD/TDY travel claims within 10 working days of receipt and if I do not receive a paid travel voucher summary within 15 working days, I will contact the Fiscal Office and request a follow-up.

6. **PAYMENT OPTIONS:** I also understand that I can make a check by phone payment to Citibank at 1-800-200-7056 or via mail to Citibank Government Card Services, PO Box 6575, The Lakes, NV 88901-6575. Additionally, all paper payments must include the payment portion of bill and the account number written on the check.

7. **PAYMENTS ARE YOUR RESPONSIBILITY:** I further understand that I am ultimately responsible for making payments on time. If I have a problem making my payments on time, I MUST notify my (APC) in via email and my plan to rectify the situation. I further understand that I MUST contact Citibank at their toll free number, 1-866-670-6462, and apprise them of the situation.

8. **DELINQUENT RESULTS:** I further understand that failure to pay my GTCC account on time may result in a negative credit rating with Citibank.

9. **DELINQUENT LIST:** I further understand that if my name appears on the delinquency list, I MUST provide an explanation in writing to my supervisor with a copy going to my Agency Program Coordinator (APC). I also understand that delinquency lists will be sent to the Director and Deputy Director, MCTAG and to the Commander, U.S. Marine Corps Forces Command. Therefore if required, I will brief my chain of command on corrective actions I am taking to rectify this delinquency.

Section B:

1. **USE OF TRAVEL CARD:** I understand that all DOD personnel shall be required to use the government-sponsored, contract issued travel charge card for all expenses arising from official government travel, unless otherwise exempted. Although I may be required to use the travel card, failure to use the travel card shall not be a basis for refusing to reimburse me for otherwise appropriate charges. Such failure may, however, subject me to appropriate administrative or disciplinary action.

A. **Classes of Personnel Exempt from Using GTCC Program:**

1. Military or DOD civilian personnel that are considered infrequent travelers. An infrequent traveler is anyone who travels three or less times per year.

2. Where use of the GTCC would draw notice that you are a government employee.

B. **Exempt from mandatory use of the GTCC:**

a. Expenses incurred at a vendor that does not accept the GTCC.

b. Laundry/dry cleaning.

c. Local transportation/taxi/parking fees

d. Meal charges when use of the card is impractical (example: group meals or when the card is not accepted at the dining establishment);

POC: MSgt Charles W. Hermann II /Admin Chief

Signature / Date

MEMORANDUM for Agency Program Coordinator

Subject: Hierarchy Transfer of Government (Visa) Charge Card

Name: _____

Last 8 numbers account number: _____

Current Mailing Address: _____

Current Home Telephone Number: _____

Assigned Organization Code: _____

Current Duty Telephone Number: _____

Current Email Address: _____

Birth Date: _____ (Required to re-open closed accounts)

I Understand that my previous command may have already entered a date of deactivation and that my card may not be available for use until the account transfer is complete: _____*

Signature

Date