

# Government Travel - Military Personnel Statement of Understanding

*[For use of this form see USAR Reg 37-2; the proponent agency is DCS, G-8]*

I verify that I have read the Department of Defense (DOD) Government travel card policy and procedures contained on the Card contractor's application. I also 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 will abide by these and other instructions issued by the DOD and my Component's Agency Program Coordinator (APC) for the use of the Government travel card **issued to me for the explicit purpose of conducting official government travel**.

The above limitation on card usage also applies to automated teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed the amount stated on the travel orders and may not exceed **\$250 (standard) or \$125 (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). However, I will endeavor to charge expenses to the account wherever feasible versus cash withdrawals.

I understand that I am ordered by my superior commissioned officer,

*Initial  
Each Item  
Below*

\_\_\_\_\_ specifically to:  
*(rank and full name)*

- Abide by all rules and regulations with respect to the card. \_\_\_\_\_
- Use the card only for official travel validated by travel orders or authorized IDT airfare. \_\_\_\_\_
- Pay all my charges so that payment is received by the contractor within 30 days of the closing date indicated on the monthly billing statement. \_\_\_\_\_
- Contact my program coordinator immediately if, due to disbursing office process delays, I have not received payment by the time the card contractor's bill is due. \_\_\_\_\_
- Notify my program coordinator of any problems with respect to my use of the card. \_\_\_\_\_
- Notify the Card contractor and my program coordinator if my card or travelers checks are lost or stolen. \_\_\_\_\_

*(Applicant must initial all of the above provisions)*

I further understand that I can be prosecuted under Article 90 and Article 92, Uniform Code of Military Justice (UCMJ), for violating the lawful order above (the maximum punishment for which is confinement for 5 years, forfeiture of all pay and allowances, a dishonorable discharge, and reduction to the lowest enlisted grade) or may be otherwise disciplined as deemed appropriate. I also acknowledge the right of the card contractor or my program coordinator to revoke or suspend my card privileges if I fail to abide by the terms of this agreement or the agreement I have signed with the card contractor.

\_\_\_\_\_  
*Applicant's signature and date*

\_\_\_\_\_  
*Supervisor's authorization and date*

\_\_\_\_\_  
*Applicant's printed name*

\_\_\_\_\_  
*Supervisor's series/grade/title*

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