APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397, 31 U.S.C. §§ 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.
PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds.
ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.
DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.

SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY

1. NAME *(First, Middle Initial, Last)*	2. TITLE	3. DOD COMPONENT/ORGANIZATION

4. DATE *(YYYYMMDD)*	5. SIGNATURE

SECTION II - TO: APPOINTEE

6. NAME *(First, Middle Initial, Last)*	7. SSN	8. TITLE

9. DOD COMPONENT/ORGANIZATION	10. ADDRESS *(Include ZIP Code)*
11. TELEPHONE NUMBER *(Include Area Code)*	**12. EFFECTIVE DATE OF APPOINTMENT** *(YYYYMMDD)*

13. POSITION TO WHICH APPOINTED *(X one)*

[X] CERTIFYING OFFICER [ ] ACCOUNTABLE OFFICIAL [ ] OTHER *(Specify)*

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE:

a. Verifying/certifying that only authorized official purchases are made by GPC cardholder(s) assigned to you.
b. Ensuring that all applicable regulations and policies to the GPC program are followed.

c. Certifying vouchers and documents for payment within five business days after cycle closing and IAW with applicable regulations and policies.

d. Ensuring that all accountable property purchased with the GPC is identified to the Property Book Officer and the C.A.R.E. transaction log is completed, as required.
e. Completing Certifying Officer's training in IAW with DoD Directive 7000.15 or completing on-line Certifying Officer's training at http://www.saffm.hq.af.mil/coaotut/

15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED:

DoDFMR, Vol. 5, chapter 33; Title 31, US code Sec 3325, Sec 3528,& Sec 3728; DoD Directive 7000.15; Department of Army GPC Standard Operating Procedures

SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in the box below.

16. PRINTED NAME *(First, Middle Initial, Last)*	17. SIGNATURE

SECTION IV - TERMINATION OF APPOINTMENT

		18. EFFECTIVE DATE *(YYYYMMDD)*	19. APPOINTEE INITIALS
	The appointment of the individual named above is hereby revoked.		

20. NAME OF COMMANDER/APPOINTING AUTHORITY	21. TITLE	22. SIGNATURE

INSTRUCTIONS FOR COMPLETING
APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

This form may be used to:

1. Appoint certifying officers. Certifying officers are those individuals, military or civilian, designated to attest to the correctness of statements, facts, accounts, and amounts appearing on a voucher for payment.

2. Appoint accountable officials. Accountable officials are those individuals, military or civilian, who are designated in writing and are not otherwise accountable under applicable law, who provide source information, data or service to a certifying or disbursing officer in support of the payment process.

SECTION I.

1. Enter the name of the Commander/Appointing Authority.

2. Enter the Commander/Appointing Authority's title.

3. Enter the Commander/Appointing Authority's DoD Component/Organization location.

4. Enter the date the form is completed.

5. The Commander/Appointing Authority must place his or her legal signature in the block provided.

SECTION II.

6. Enter the Appointee's name.

7. Enter the Appointee's social security number.

8. Enter the Appointee's title.

9. - 11. Enter the name, complete address, and telephone number of the DoD Component/Organization activity to which appointed.

12. Enter the date the appointment is to be effective.

13. Mark X in the appropriate box indicating the purpose for the appointment.

14. Describe in detail the duties the Appointee will be required to perform, to include types of payments, records and vouchers for which authorized (specifying the applicable disbursing station symbol number(s) affected), and any other pertinent information.

15. List all regulations the Appointee must review and follow in order to adequately fulfill the requirements of the appointment.

SECTION III.

16. - 17. The Appointee shall print his or her name and enter his or her legal signature in the spaces provided.

SECTION IV.

Completing this section will terminate the original appointment as of the effective date. If partial authority is to be retained, a new DD Form 577 must be completed.
Mark X in the box provided to indicate the appointment is being revoked.

18. Enter the date the termination is effective.

19. The Appointee will initial in the space provided acknowledging revocation of the appointment.

20. - 22. The Commander/Appointing Authority must place his or her name, title and legal signature in the spaces provided.