

**GOVERNMENT-WIDE PURCHASE CARD (GPC) PROGRAM
APPROVING OFFICIAL ACCOUNT SET-UP / MAINTENANCE FORM**

APPROVING OFFICIAL (AO) DATA:

(_____)
(RCO use)

AO Name & Rank / Grade: _____

Address Information:

AO's Unit Name: _____

Official Unit Address: (PERSONAL ADDRESSES ARE NOT ALLOWED AS THIS IS OFFICIAL BUSINESS)

Line 1: (Unit # or CMR# only – No Box Numbers) _____

Line 2: I MPAC VISA OFFICIAL MAIL

City: A P O, State: A E Zip Code: _____ - _____

Telephone Number: Civilian 0 1 1 - 4 9 - _____

DSN _____ - _____

Fax Number: Civilian 0 1 1 - 4 9 - _____

DSN _____ - _____

Email Address: _____

Verification Data: (Answer one of the following) **Select from the following choices:**

Childs name: _____ Birthplace: _____ Favorite Sports Team: _____

Mother's Maiden Name: _____ Pet's Name: _____

Spending Limits:

Monthly Office Limit: \$ _____ , _____ . _____ (Total of all Cardholders' Monthly Purchase Limits)

List the cardholders who will be under your Approving Official's purview:

Name and account number of Approving Official being replaced (if applicable): (_____)
(RCO use)

RMO/Comptroller Approval: (Name, Signature, Date & DSN Number) _____

ADDITIONAL INSTRUCTIONS: ALL FORMS MUST BE SUBMITTED THROUGH YOUR RESOURCE MANAGEMENT OFFICE FOR THEIR ACTION AND APPROVAL PRIOR TO BEING SUBMITTED TO THE RCO. In addition to this application, the AO applicant must submit the following additional forms attached below. All signatures must be submitted as ORIGINALS as they are forwarded to DFAS for billing statement signature verification.

DD Form 577 Signature Card
Statement of Agreement
Appointment of Certifying Officer Memorandum

OFFICE SYMBOL

DATE

MEMORANDUM FOR RECORD

SUBJECT: Appointment of Certifying Officer (CO)

1. Effective DATE, NAME, SSN:, JOB TITLE, UNIT, is assigned duties as
a Purchase Card Certifying Officer (CO) to Kaiserslautern FAO, Unit 23122, APO AE 09227.
2. Authority: AR: 37-103 and DFAS-IN Regulation 37-1, (dtd Sept. 95) Chapter 20 and
Appendix G.
3. Purpose: To certify following payment vouchers and documents:
 - a. Government Purchase Card Contractor invoices covering purchases and
services obtained with the Government purchase card.
 - b. Abwicklungsschein (German tax relief form).
4. Period: Until officially released from appointment.
5. Special instructions: CO will be familiar with the applicable financial regulations and any
written instructions from Finance. The CO will read and understand these instructions prior
to accepting the CO position. Appointment of CO establishes the agency relationship
between the CO and Finance and that the CO can be held pecuniary liable for vouchers
certified. CO has met required qualifications for certifying vouchers for payment to Finance.
CO is authorized to certify the documents listed above. For all documents you certify under
this appointment, your signature must be in the same form that you signed the DD Form 577.

Commander's signature block
**(approving official must be
appointed by his or her
commander)**

GOVERNMENT-WIDE PURCHASE CARD (GPC) PROGRAM
CERTIFYING OFFICER
STATEMENT OF AGREEMENT

1. By signature hereon, I acknowledge my appointment as a certifying officer. I have received and fully understand the written and oral instructions pertaining to the certification of GPC official invoices from the Finance Officer or designated representative. I have read and understand my responsibilities and accountability.
2. I understand that I have entered an agency relationship with the Finance Officer. I further understand that I can be held pecuniarily liable in my own right or in conjunction with the Finance Officer for payments that I have certified, which later are determined to be illegal, improper, or incorrect. I understand that this appointment will remain in effect until revoked in writing by you (or your successor).
3. Attached for your approval is the completed DD Form(s) 577, Signature Card.

Certifying Officer Name (PRINT)

Certifying Officer Signature

Date

Phone

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 <i>(First, Middle Initial, Last)</i>		2. TITLE	3. DOD COMPONENT/ORGANIZATION
4. DATE <i>(YYYYMMDD)</i>	5. SIGNATURE		

SECTION II - TO: APPOINTEE

6. NAME <i>(First, Middle Initial, Last)</i>		7. SSN	8. TITLE
9. DOD COMPONENT/ORGANIZATION		10. ADDRESS <i>(Include ZIP Code)</i>	
11. TELEPHONE NUMBER <i>(Include Area Code)</i>		12. EFFECTIVE DATE OF APPOINTMENT <i>(YYYYMMDD)</i>	
13. POSITION TO WHICH APPOINTED <i>(X one)</i>			
<input type="checkbox"/>	CERTIFYING OFFICER	<input type="checkbox"/>	ACCOUNTABLE OFFICIAL
<input type="checkbox"/>			OTHER <i>(Specify)</i>

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

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;

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 <i>(First, Middle Initial, Last)</i>	17. SIGNATURE
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SECTION IV - TERMINATION OF APPOINTMENT

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