

CITIBANK® GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

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| SECTION I | INSTRUCTIONS (Please also see "Important Information" at the top of the next page.) |
| 1. To add a new account, Cardholder completes Section IV and signs in Section V; AOPC completes Sections II, III, VI and VII. the AOPC signs in Section VII. 2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files. 3. Fax completed form to your Agency / Organization Program Coordinator | |

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| SECTION II | REPORTING PARAMETERS - COMPLETED BY AOPC |
| *Reporting Hierarchy: (1) _____ | |
| *Processing Unit ID #: (2) _____ (maximum 5 characters) | |

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| SECTION III | PLASTIC TYPE- COMPLETED BY AOPC |
| Government Standard _____ Quasi-Generic _____ Generic _____ | |

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| SECTION IV | CARDHOLDER INFORMATION (Please Print) | | |
| (4) _____ | | | |
| *First Name of Cardholder | *Middle Initial | *Last Name (maximum 20 characters) | |
| (5) _____ | () _____ | () _____ | |
| *Agency/Organization Name (maximum 24 characters) | *Home Phone | | |
| (6) _____ | () _____ | | |
| 4th Line Embossing | *Business Phone | | |
| (7) _____ | () _____ | | |
| *Home Mailing Street Address Line 1 (maximum 36 characters) | Fax Number | | |
| Your statement is mailed to this address; PO Boxes cannot be used. | | | |
| (8) _____ | | | |
| Home Mailing Street Address Line 2 (maximum 36 characters) | * Social Security Number | | |
| *City | *State | *Zip Code | Country |
| (9) _____ | _____ | _____ | _____ |
| *Business Address Line 1 (maximum 36 characters) | (10) _____ | | |
| Business Address Line 2 (maximum 36 characters) | *Verification Information (Mother's Maiden Name) | | |
| *City | *State | *Zip Code | Country |
| (11) _____ | _____ | _____ | _____ |
| E-mail Address | (12) _____ | *Date of Birth (mm/dd/yy) | |

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| SECTION V | (13) CARDHOLDER SIGNATURE |
| By signing this application, I acknowledge I have read the Citibank® Government Services Travel Card Program <i>Cardholder Account Agreement</i> and agree to be bound by the terms and conditions as set forth in the Agreement. | |
| *Cardholder Signature _____ Date _____ | |

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| SECTION VI | AUTHORIZATION PARAMETERS – COMPLETED BY AOPC |
| (14) Dollars per Cycle Limit (Card Limit) \$: _____ (16) ATM Access: Y _____ N _____ Cycle % _____ | |
| (15) Dollars per Transaction Limit \$: _____ (17) Number of Transactions: Cycle: _____ Daily: _____ | |

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| SECTION VII | (18) AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER |
| *Approving Agency/Organization Program Coordinator's Signature _____ | |
| *Date _____ | |
| *Approving Agency/Organization Program Coordinator's Business Phone Number (with area code or country code) _____ | |
| *Approving Agency/Organization Program Coordinator's Fax Phone Number (with area code or country code) _____ | |

**GUIDE TO
CITIBANK[®] GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM**

Form for requesting a new individually billed Travel Card.

IMPORTANT INFORMATION about opening a new Citibank[®] Government Travel Card account:

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we will ask for your name, a street address, date of birth, and an identification number, such as a Social Security Number, that Federal law requires us to obtain. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. We appreciate your cooperation.

Section I – Instructions

Section II - Reporting Parameters

1. **Reporting Hierarchy:** Completed by AOPC.
2. **Processing Unit ID#:** Completed by AOPC.

Section III - Plastic Type

3. **Plastic Type:** Completed by AOPC. Please select card type selection: 1) Government Standard: GSA-designed standard card. US Government is printed on the card; 2) Quasi-Generic: Plain silver plastic embossed with Government-assigned account number; 3) Generic: Plain silver plastic embossed with NON-Government-assigned account number.

Section IV - Cardholder Information

4. **Name of Cardholder:** Full name of Cardholder – First, Middle Initial and Last.
5. **Agency/Organization Name:** Name of Agency.
6. **4th Line Embossing:** Agency, Bureau or Operating Administration name (maximum 20 characters including spaces, i.e., GSA). This appears on the card under the location or department name.
7. **Home Mailing Street Address:** Your home mailing street address line 1 (maximum 36 characters). PO Boxes are not allowed.
8. **Social Security Number:** Used for card activation. Must be the Cardholder's complete nine-digit Social Security Number.
9. **Business Mailing Address:** Work address.
10. **Verification Information:** Identification code requested from the Cardholder when he/she contacts Citibank Customer Service for assistance. Mother's maiden name is required.
11. **E-mail Address:** Business e-mail address.
12. **Date of Birth:** Cardholder's date of birth. Enter information in mm/dd/yy format.

Section V - Cardholder Signature

13. **Cardholder signature required:** Cardholder must sign the application.

Section VI - Authorization Parameters – Completed by AOPC

14. **Dollars per Cycle Limit (Card Limit) \$:** Cardholder balance limit.
15. **Dollars per Transaction Limit \$:** Single transaction limit, i.e., \$500; this would restrict a Cardholder from purchasing more than \$500 for a single purchase.
16. **ATM Access and Limit:** Indicate access to cash advances at Automated Teller Machines and percentage limit per cycle and week. For example, if the cycle limit is \$1,000.00 and the percent was 10% the cardholder would have a \$100.00 ATM limit for the cycle.
17. **Number of Transactions:** Number of transactions a Cardholder can perform per monthly cycle or per day.

Section VII - A/OPC Signature

18. **Approving Agency/Organization Program Coordinator's Signature and Phone Number:** Program Coordinator must date and sign for approval. The AOPC's business phone and fax number is also requested.

CB004.C — 04/12/05

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**COMMERCE TRAVEL REGULATION - INTERIM DRAFT
Chapter 301**

APPENDIX B 301-51A

**APPENDIX B
U. S. DEPARTMENT OF COMMERCE EMPLOYEE
ACKNOWLEDGMENT STATEMENT AND APPROVING
OFFICIAL CERTIFICATION STATEMENT**

I certify that I(1) have received, read and understand the policies and procedures prescribed by DOC Travel Handbook issued by the Director for Administrative Services, pertaining to the Contractor-Issued Government Travel Charge Card Program; (2) shall abide by such policies, procedures, and other instructions as may be issued by the Department, my bureau/operating unit and the contractor/card issuer concerning the use of the card issued to me; and (3) acknowledge that the card is to be used **only** for expenses incurred incident to officially authorized Government travel.

(1) _____
Employee Signature and Date

Name (Type or Print)

Title

Organization and Bureau

(2) _____
Approving Official/Supervisor Signature and Date

Name (Type or Print)

Title

Telephone Number

NOTE TO EMPLOYEE: Your charge card application will not be processed unless accompanied by this completed and signed form.

NOTE TO APPROVING OFFICIAL/SUPERVISOR: Your signature certifies that this employee is authorized to obtain the contractor-issued Government travel charge card. You will be notified of any inappropriate charges or if the employee's account becomes delinquent.