

Department of Commerce Travel Card

Semi-Annual Program Review Report

Reporting Period Date:	Bureau:	
Hierarchy Level:	Submitted by:	
Program Summary		Beginning/Ending Period
Number of transactions assessed on delinquency report/compromised card during reporting period:		
Number of transactions assessed as disputed transaction during reporting period:		
Report Card Monthly Review Questions		Number or Percent
How many primary and alternate travel card APCs are in your program?		
How many IBA cardholders are in your program (number of individuals, not accounts)?		
How many CBA accounts are in your program?		
How many IBA cardholders have been denied travel cards?		
How many IBA accounts have a credit limit of \$2,500 (Restricted)?		
How many IBA accounts have a credit limit of \$5,000 (Standard)?		
How many IBA accounts have reached their credit limit?		
How many CBA accounts have reached their credit limit?		
How many IBA accounts have requested an increase in their credit limit?		
How many CBA accounts required an increase in the credit limit?		
How many IBA cardholders have used their IBA account this reporting cycle?		
What is the current delinquency rate?		
What is the average delinquency rate per review?		
Program Health		Number
Number of travel cards that have been suspended/cancelled:		
For abuse/misuse:		
For defaulting on travel card bill:		
Number of travel card applications processed for this period:		
Approved:		
Denied:		
Number of restricted travel cards:		
Number of standard travel cards:		
Program Violations		
Number of accounts that are 30+ days delinquent:		
Transaction Assessment Category		
Total number of transactions reviewed or flagged for review during this period:		
Disputable Transaction:		
Misuse:		
Abuse:		
Senior Official or Designee Endorsement		
In accordance with the Department of Commerce Travel Card Program Handbook, I have reviewed and approve the submission of Semi-annual Travel Card Program Report:		
Signature:	Date:	
Printed Name:		