

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.

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 VI, AOPC completes Sections II, III and V, then signs in Section VII. 2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files.	

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

SECTION III	(3) *PLASTIC TYPE (Please check one of the following)
Government Standard _____ Quasi-Generic _____ Non-POS (White) _____ Generic _____	

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 Residential Street Address Line 1 (maximum 36 characters)	Fax Number
Home Residential Street Address Line 2 (maximum 36 characters)	
*City	*State
*Zip Code	Country
(8) _____	
*Business Mailing Street Address Line 1 (maximum 36 characters)	*Social Security Number
(9) _____	
Business Mailing Street Address Line 2 (maximum 36 characters)	*Verification Information
(10) _____	
*City	*State
*Zip Code	Country
(11) _____	
E-mail Address	*Date of Birth (mm/dd/yy)
(12) _____	
(13) _____	
Master Accounting Code (maximum 75 characters)	
(14) _____	
Discretionary Code 1 (maximum 12 characters)	Discretionary Code 2 (maximum 20 characters)
Discretionary Code 3 (maximum 15 characters)	

SECTION V	AUTHORIZATION PARAMETERS
(15) Dollars per Cycle Limit (Card Limit) \$: _____	
(16) Dollars per Transaction Limit \$: _____	(18) ATM Access: Y _____ N _____
(17) Number of Transactions: Cycle: _____ Daily: _____	(19) ATM Access Limit: Daily \$ _____ Weekly \$ _____ Cycle \$ _____

SECTION VI	(20) 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 _____

SECTION VII	(21) AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER
*Approving Agency/Organization Program Coordinator's Signature _____	Date _____
*Approving Agency/Organization Program Coordinator's Name (printed) _____	Date _____
*Approving Agency/Organization Program Coordinator's Business 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

To be completed by AOPC

Section III - Plastic Type

To be completed by AOPC

Section IV - Cardholder Information

- 4. Name of Cardholder:** Full name of Cardholder – First, Middle Initial and Last.
- 5. Agency/Organization Name:** Name of Agency, Home Phone Number
- 6. 4th Line Embossing:** Not Applicable, Business Phone Number
- 7. Home Residential Street Address:** Home address where the card and statements may be mailed, Fax Phone Number
- 8. Business Mailing Street Address:** Address where the card and statements may be mailed.
- 9. Social Security Number:** Used for card activation. Must be the Cardholder's Social Security Number
- 10. Verification Information:** Mother's maiden name
- 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 - Authorization Parameters

To be completed by AOPC

Section VI - Cardholder Signature

The employee must complete and sign the Employee Acknowledgment Statement located below that certifies that employee has read and understands the Department's policies and procedures related to the use of the Citibank government travel card procedures at <http://www.osec.doc.gov/oebam/travelcharge.htm> and has completed the Cardholder on-line training at <http://www.rdc.noaa.gov/~finance/Citibank.htm>. The employee must record the date the training was completed on the Employee Acknowledgment Statement. After reading Section VI, the employee must sign and date Section VI if he/she understands the terms and conditions for issuance and use of the card. Employees should maintain this application package, with the original signatures, for his/her records and fax a copy to one of the following Agency/Organization Program Coordinators (AOPCs):

- (a) All Line and Staff Offices, other than NMFS and NWS, will call (301) 444-2158 with questions and fax applications to (301) 413-3066;
- (b) NMFS employees will call (301) 713-2259 x148, and send faxes to (301) 713-2258, and
- (c) NWS employees will call (301) 713-1698 x 167, and send faxes to (301) 713-0662.

Section VII - AOPC Signature

AOPC's Signature and Phone Number: To be completed by AOPC

**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 the DOC Travel Handbook issued by the Director for Executive Budgeting and Assistance Management, pertaining to the Citibank Government Travel Card Program; (2) will 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

Date On-Line Training Course was completed

(2) _____
Approving Official/Supervisor Signature and Date

Name (Type or Print)

Title

Telephone Number

NOTE TO EMPLOYEE: Your Citibank Government travel card application will not be processed unless accompanied by this completed and signed form. In addition, you must complete the Citibank Travel Card On-line Training which can be found at the following web site: <http://www.rdc.noaa.gov/~finance/Citibank.htm>

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