



UNITED STATES MARINE CORPS  
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE  
PSC BOX 20005  
CAMP LEJEUNE NC 28542-0005

MCIEAST-MCB CAMLEJO 4200.1  
CONT

13 SEP 2012

MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE CAMP LEJEUNE ORDER 4200.1

From: Commanding General  
To: Distribution List

Subj: INTERNAL OPERATING PROCEDURES FOR THE GOVERNMENT-WIDE COMMERCIAL  
PURCHASE CARD PROGRAM (GCPC)

Ref: (a) NAVSUPINST 4200.99  
(b) USMC GCPC SOP  
(c) NAVSUPINST 4200.85  
(d) MCO 7042.6C

Encl: (1) Government-Wide Commercial Purchase Card Internal Operating Procedures

1. Situation. Use of the Government-Wide Commercial Purchase Card (GCPC) shall be used for open market purchases that are below the micro purchase threshold to satisfy appropriated funds purchases. The micro-purchase threshold is \$3,000 for supplies, \$2,500 for services, and \$2,000 for construction. The GCPC may also be used for up to \$100,000 for Defense Logistics Agency (DLA) document services, as a method of payment of up to \$25,000 for commercial off the shelf training in conjunction with an approved SF 182, and \$15,000 CONUS or \$30,000 OCONUS in support of approved contingency or humanitarian requirements.

2. Mission. To promulgate local GCPC Internal Operating Procedures (IOP) located in enclosure (1), for the Marine Corps Installations East-Marine Corps Base Camp Lejeune (MCIEAST-MCB CAMLEJ) program participants to supplement guidance contained in references (a) through (d).

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To maintain the integrity of the local GCPC by providing operation support and oversight by using internal management controls.

(2) Concept of Operations

(a) The Regional Contracting Officer (RCO) has staff cognizance over the GCPC program and is guided by references (a) and (b) in the performance of his/her duties.

(b) Under the provisions of reference (a), Commanders are reminded the purchase card shall not be used to purchase items that exceed the Government's minimum needs in terms of quality and quantity. All purchases shall adhere to the necessary expense rule in that it must bear a logical

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relationship to the appropriation to be charged, not prohibited by law, and the expenditure is not applicable or subject to other funding appropriation.

b. Subordinate Element Missions

(1) The RCO shall:

(a) Be responsible for the operation of the program, pursuant to the contractual authority vested in the office.

(b) Appoint a Level IV Agency Program Coordinator, in an official letter of delegation, to be responsible for day-to-day oversight and audit management of the program.

(2) General and Special Staff Department Heads shall:

(a) Be responsible for performing oversight of their local program following the guidance provided in this Order and its associated references.

(b) Upon receipt of information that a civilian employee or military service member has participated or engaged in fraud, misuse or abuse of a purchase card, shall investigate and take appropriate corrective or disciplinary action. The responsible party/parties should be afforded the opportunity to make restitution by check or money order made payable to the U.S. Treasury via the unit/agency comptroller.

(3) Installation Commanders/Subordinate Commanders shall:

(a) Be responsible for performing oversight of their local program following the guidance provided in this Order and its associated references.

(b) Upon receipt of information that a civilian employee or military service member has participated or engaged in fraud, misuse or abuse of a purchase card, shall investigate and take appropriate corrective or disciplinary action. The responsible party/parties should be afforded the opportunity to make restitution by check or money order made payable to the U.S. Treasury via the unit/agency comptroller.

(4) Tenant Commanders shall:

(a) Be responsible for performing oversight of their local program following the guidance provided in this Order and its associated references.

(b) Upon receipt of information that a civilian employee or military service member has participated or engaged in fraud, misuse or abuse of a purchase card, shall investigate and take appropriate corrective or disciplinary action. The responsible party/parties should be afforded the opportunity to make restitution by check or money order made payable to the U.S. Treasury via the unit/agency comptroller.

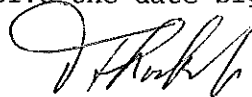
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4. Administration and Logistics. The Level IV Agency Program Coordinator shall provide administrative and program management controls for Level V Agency Program Coordinators who manage Level VI base or tenant command Approving Official and Cardholder accounts.

5. Command and Signal

a. Command. This Order is applicable to MCIEAST-MCB CAMLEJ subordinate commands and tenant commands supported by the GCPC.

b. Signal. This Order is effective the date signed.



D. L. THACKER, JR.  
Deputy Commander

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**MARINE CORPS INSTALLATIONS EAST-  
MARINE CORPS BASE CAMP LEJEUNE  
CONTRACTING DEPARTMENT**



**GOVERNMENT-WIDE  
COMMERCIAL PURCHASE CARD  
PROGRAM**

**INTERNAL OPERATING PROCEDURES**

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## Chapter 1

### Introduction

1. Introduction. The Government-Wide Commercial Purchase Card Program (GCPC) program is a mandated procurement method for authorized personnel to purchase supplies and services below the micro-purchase threshold for official Government use.

a. Micro-purchase threshold means \$3,000 for supplies or:

(1) \$2500 for a service(s);

(2) \$2000 for construction; or

(3) \$15,000 CONUS and \$30,000 OCONUS for Contingency/Humanitarian Operations.

b. The GCPC may also be used for the following:

(1) \$25,000 as a method of payment for Commercial off the Shelf (COTS) training;

(2) \$100,000 for Defense Logistics Agency, Document Service (DLADS); and

(3) A method of payment for contracting methods above the micro-purchase threshold.

2. Guidance. The Consolidated Card Program Management Division (CCPMD) provides centralized operational control and management of Department of the Navy (DON) Card programs.

a. Naval Supply Systems Command provides GCPC policy. Instruction manuals and procedural guidance are available at the CCPMD web-site (<https://www.navsup.navy.mil/ccpmd>).

(1) NAVSUPINST 4200.99, DON Policy for Operation and Management of the GCPC;

(2) Desk Guides for Agency Program Coordinators (APC), Approving Officers (AO) and Card Holders (CH) contain information on day-to-day operations;

(3) Purchase Card Policy Notices (PCPN) provide new policy guidance;

(4) Purchase Card Administrative Notices (PCAN) are administrative announcements;

(5) NAVSUPINST 4200.85. Simplified Acquisition Procedures Manual; and

(6) CCPMD notices and training updates.

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b. USMC, GCPC Standing Operating Procedure (SOP). The SOP provides specific GCPC policy and guidance for all USMC commands and activities using appropriated funds. The SOP is part of the USMC Contract Management Process Guide, designed by Headquarters Marine Corps (HQMC), Assistant Deputy Commandant, Installations and Logistics (ADC, I&L) for contracting personnel and their customers. <http://www.hqmc.usmc.mil/cmpg/>.

c. MCIEAST-MCB CAMLEJ GCPC Internal Operating Procedure (IOP) Guidance. This IOP is published in accordance with references (a) and (b). Instructions in this IOP provide policy for personnel participating in the MCIEAST-MCB CAMLEJ GCPC program.

(1) Purchase Card Office Notices are supplements to the GCPC IOP that provide new policy or procedural guidance.

(2) The APC may publish periodic news letters to provide reminders, policy updates, or procedural guidance.



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## Chapter 2

Program Management

1. Authority and Responsibility. The GCPC has seven-levels of authority and hierarchy within Department of the Defense (DoD), DON, and the Marine Corps.

- a. DoD. Level I Manager GCPC
- b. DON/CCPMD. Level II Manages Navy and Marine Corp GCPC
- c. HQMC APC Level III. Manages Marine Corps GCPC.
- d. USMC APC Level IV. Manages Marine Corps Regional GCPC.
- e. USMC APC Level V. Manages Marine Corps Local GCPC
- f. USMC AO. Manages Marine Corps Unit level
- g. USMC CH. USMC Purchasing Agent limited to the GCPC

2. Key Program Personnel. Key personnel are the Head of the Activity (HA), RCO Chief of the Contracting Office (CCO), APC, Commanding Officer/Department Head (CO/DH), Comptrollers/Financial Managers (FM), AO, and CH. Their roles and responsibilities are detailed in the USMC GCPC SOP with additional direction in this IOP.

a. The HA is responsible for support and sponsorship of all participants in the GCPC. The Commanding General is the HA for MCIEAST-MCB CAMLEJ.

b. The RCO CCO is responsible for the coordination and execution of the GCPC. The RCO CCO has delegated the GCPC duties to the Level IV APC.

c. The unit level CO/DH must include the GCPC in their management control checklists, and ensure suspected GCPC misuse, abuse, and fraud are appropriately investigated.

3. Accountable Officials. APCs, AOs, CHs, and FMs are key personnel that provide information for certification of a voucher for payment. They are pecuniarily liable for erroneous payments caused by their negligent actions.

a. The Level IV (Regional) and Level V (Activity) APC are responsible for day-to-day oversight and program management and duties include:

(1) Set up and maintenance of accounts and records for program participants.

(2) Maintaining training records for three years and appointments for six years and three months after the appointment termination date.

(3) Reviewing Program Audit Tool (PAT) submissions five days after statement closes.

(4) Resolving delinquencies within ten days of statement closure.

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(5) Conducting monthly 100% review of all transactions.

(6) For additional duties see page 12 of reference (b).

b. The AO and Certifying Official are synonymous for the GCPC. AOs are the first line of defense against misuse, abuse, and fraud.

(1) The AO is nominated on the Purchase Card Setup Form by the Agency CO/DH. See Appendix A.

(2) The APC appoints the AO by letter. The AO acknowledges the appointment by signature on the appointment/delegation letter and by signature on the Appointment/Termination Record (DD Form 577).

(3) Alternate Approving Officials (AAO) have the same authority and responsibilities as the AO and are appointed in the same manner.

c. The APC appoints the CH by letter as Ordering Officers for the GCPC program.

(1) The CH is nominated on a Purchase Card Setup form by the AO. See Appendix A.

(2) The CH acknowledges the appointment by signature on the appointment/delegation letter and by signature on the DD Form 577.

4. Financial Manager. Comptrollers/FM are responsible for the allotment of Unit/Agency funds; assigning Reporting Unit Codes; assigning default Lines of Accounting (LOA) and adding or changing default LOAs in Citibank. FMs will provide the default LOA and sign Section III of the AO/CH Set-up Form, Appendix A.

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## Chapter 3

Program Requirements

1. Personnel Requirements. Civilian Government employees and members of the Armed Forces are eligible for the GCPC. Contractors may not be assigned AO or CH duties.

2. Separation of Duties. AOs shall not be assigned CH or APC duties in the same hierarchy. Under no circumstances shall any CH be their own AO. The AO should be the CH's supervisor, or of equal grade, or in the direct line of authority. To ensure proper supervision, the AO and CH must be co-located. The funds approver cannot be the AO or CH. Neither the funds approver, AO, nor CH can be the requestor and receiver of the item(s) procured with the purchase card.

3. Training. Three online tutorials and local policy training are required for all APCs, AOs, and CHs. Contact your APC for training information/instruction.

a. Defense Acquisition University (DAU), DoD Government Purchase Card Training is a one-time requirement <https://www.atrrs.army.mil>;

b. DON Purchase Card AO/CH Certification provided by CCPMD, is required every two years <https://www.navsup.navy.mil/ccpmd/>;

c. DoD Standards of Conduct Office, Annual Ethics Training is a fiscal year requirement <https://donogc.nsvy.mil/ethics/>;

d. An OGE Form 450 is required for CHs that purchase more than \$100,000 and AOs that certify payment documents, for more than \$100,000 per fiscal year;

e. Local Policy Training is provided by the APC and is required every two years; and

f. Pre/Post Deployment training will expedite account reactivation and reissue of cards upon return. AOs and CHs should update online training that will expire while deployed and must attend a Local Policy refresher training upon return.

4. Program Audit Tool (PAT) Training. PAT training for AO's is available on the DON CCPMD site.

5. Local Policy Examination. Local policy examinations supplement training, reinforce AO/CH knowledge, and gauge the effectiveness of the material presented.

a. The exam is given with initial and refresher local training.

b. An exam is given with the 60 day audit.

c. A score of less than 80% will require additional training and reexamination.

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## Chapter 4

Account Information and Procedures

1. Safeguarding the GCPC Cards. It is the CH's responsibility to ensure the card is safeguarded.

a. Only the CH is authorized to make purchases with the card. Under no circumstance will a CH loan or let anyone make purchases with their card.

b. CHs must maintain physical security of their card and secure documents with card information to prevent unauthorized use.

c. Any attempt of coercion or request for fraudulent use of the card must immediately be reported up the chain of command and to the APC.

2. Reporting Lost or Stolen Card. To report a lost or stolen card, the CH shall call Citibank (1-800-790-7206) immediately. Citibank will mail a new card to the APC immediately upon notification. The CH shall provide written notification to the AO and APC stating:

a. The last six digits of the card account number;

b. Date, time, and location when loss became evident;

c. Date and time the bank was notified;

d. If the card is stolen, provide date and time theft was reported to police; and

e. List of purchases made after the card was lost or stolen.

3. Procedures for Unit Deployment. AOs must notify by email the APC 30 days before departure to unit deployment.

a. AO accounts are suspended and CH accounts are terminated when a unit deploys.

(1) AO accounts are suspended when the AO notifies the APC that all outstanding charges have processed.

(2) If the AO deploys without certifying the final statement or completing the PAT review and submission, the account is suspended for failure to meet these requirements. When the AO returns from deployment, the account will remain suspended until that final statement is reconciled with the APC.

(3) CHs must sign their DD Form 577 (termination of appointment) and give their card to the APC.

b. The unit AO is responsible for storing all purchase card records in a secure location during deployments. If the unit is not able to provide secure storage during deployment, the AO shall make arrangements with the APC for storage.

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4. Procedures to Check-out of the Program. AOs and CHs shall notify the APC 30 days before they conclude their duties with the program. If necessary, the notification shall be accompanied by a Set-Up-Form Appendix A to appoint the new AO or CH.

a. The outgoing AO must have their account audited by the APC. Upon completion of the audit, the outgoing AO and new AO will be briefed on the finding/s. It is the outgoing AO's responsibility to correct discrepant findings and make required corrections before initialing the DD Form 577 to terminate their appointment.

b. The AO must verify all outstanding charges are reconciled before the CH gives the card to the APC, and sign their DD Form 577 to terminate the appointment.

c. Accounts/cards not used more than three times within a six month period may be administratively closed for inactivity.

5. Maintenance and Retention of Records. The DD Form 577 and financial documents (invoices, dispute documentation, receipts, etc.) shall be retained for a period of 6 years and 3 months per chapter 1, page 1-14 of reference (a).

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## Chapter 5

Purchase Card Procedures

1. Purchase Card Limits and Authority. The AO and CH delegation letter will specify their authorized spending limits. The cycle spending limit (CL) is based on usage data and may be changed by request of the AO or FM.

a. The single purchase limit (SPL) for the CH is \$3,000 except for the following:

(1) \$2,000 for acquisitions of construction subject to the Davis-Bacon Act. Construction means erection, expansion, extension, alteration of an existing facility, e.g., repair to central heating/air conditioning system, plumbing, windows or panes, doors, roof, etc. (reference (c), NAVSUPINST 4200.85).

(2) \$2,500 for acquisitions of services subject to the Service Contract Act. Services are firm-fixed priced, non-personal, commercially available requirements for repairs, maintenance, annual maintenance agreements, e.g., cable, cellular phones, etc. (reference (a), NAVSUPINST 4200.99).

(3) \$15,000 CONUS and \$30,000 OCONUS for acquisitions of supplies or services to support a humanitarian or contingency operation.

(4) \$25,000 as a method of payment in conjunction with the SF 182 for COTS training.

(5) \$100,000 for DLA Document Service, printing requirements.

b. Since the Davis-Bacon Act and Service Contract Act apply only to CONUS, the micro-purchase threshold for OCONUS is \$3,000 for supplies, services and construction.

c. Warranted Contracting Officers may use the GCPC as a method of payment in conjunction with other contracting methods for actions above the micro-purchase threshold.

d. Splitting a requirement/purchase by time, vendors, items or CHs to circumvent the micro/single purchase limit is prohibited by law. See chapter 8, paragraph 2c of this Order.

e. The purchase card will not be used to pay unauthorized commitments (UAC) without the approval/ratification by the RCO. A UAC is an agreement that is not binding solely because the Government representative who made the obligation lacked the authority to enter into that agreement on behalf of the Government. See chapter 8, paragraph 4 of this Order.

2. Purchase Card Request Form (PCRF). CHs shall prepare a PCRF, Appendix B, before each purchase. The CH will fill out the PCRF completely to reflect the proper research was conducted and approvals granted. Boxes must be checked for questions, and printed names and signatures or digital signatures of the CH, Funds Administrator (FA) and AO. The PCRF is an official

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document; the use of pencils, blackout, correction tape or whiteout is unauthorized. A single line may be drawn through errors and initialed.

a. Requestor Information

(1) The requestor's name, section, and the date requested must be present.

(2) For non-system property items, e.g., watches, televisions, Global Positioning System (GPS), etc., the Agency Authorizing Official, (CO/DH) signature, is required on the top of the PR on the line designated CO/Dir Signature.

(3) Provide a layman's description of the item. If there is an attachment, a brief description of the item/s requested is required. "See attachment" is not a description.

(4) The justification shall clearly state why this purchase is necessary. (In the absence of the requestor and CH, the justification must be able to stand on its own).

b. Pre-Purchase Checklist. These questions must be answered before each purchase. Do not pre-check the boxes.

(1) Prohibited items and required waivers. For a list of items, see Appendix E. Detailed instructions are contained in chapter 5 of reference (a). If a CH purchases a prohibited item such as a gift, the account will be suspended. See chapter 8, paragraph 1 of this Order.

(2) For Hazardous Material (HazMat) there must be an Authorized User List number annotated on the PCRF or authorization (email) from the Unit/Agency HazMat Officer.

(3) Pilferable items with a ready resale value or applicable to personal use must have a property control number assigned, or an accountability document attached to the PCRF, e.g., watches, televisions, GPS, etc.

c. Screening Required Sources of Supply. It is the CH responsibility to screen required sources in the order listed regardless of where the request form originated. Perceived exceptions must be discussed with the Purchase Card Office before the purchase is made.

(1) All purchases of office supplies shall be from Base Supply Stores/Servmarts or USMC Virtual Servmart using the DSSC card or DoD Email, no exceptions. Office supplies are defined by General Service Administration (GSA) Federal Supply Schedule 75.

(2) Buy Green "environmentally preferable" products and services. Environmental Protection Agency (EPA) and GSA websites have guides to assist personnel responsible for procuring activity requirements.

d. Vendor Notification. These items must be verified with the vendor before requesting the supply or service. CHs must advise merchants, "The GCPC is for official U.S. Government business and is not subject to state, local or federal taxes". GSA state tax exemption letters may be obtained at: [www.gsa.gov](http://www.gsa.gov)

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e. The vendor's name, address, telephone, and contact information are required.

(1) When using a DoD EMALL or a GSA vendor, write the vendor's name on the PCRF.

(2) The vendor name on the PCRF and Purchase Card Log must match the bank statement.

(3) Print and attach the DoD EMALL email order confirmation to the PCRF.

f. Order Information. Assign a call number to each purchase. The date of the order must be on or after the CH, FA, and AO signature date.

g. Required Signatures. Three original or digital signatures are required before each purchase (CH, FA, and AO). Two original signatures are required after each purchase (Receiver of Goods (ROG), and AO verification). Original signatures must be dated by the signee. All names must be printed or typed.

(1) It is the CH's responsibility to obtain the FA signature. Neither CH nor AO may sign as funds approver.

(2) The Funds Approver is an agency/unit representative that verifies by signature on the PCRF, that funds are available before the purchase.

(3) The CH will sign the PCRF certifying the pre-purchase checklist is accurate and the required sources have been checked.

(4) The AO will verify the FA signature, the CH signature and certify the purchase is necessary for official government use by signing the PCRF.

(5) ROG is a government official who verifies receipt and acceptance of the supply/service by physically signing the PCRF, and the vendor receipt/invoice or the GSA/DOD EMALL confirmation page. AOs, CHs, and contractors may not sign as ROG. The ROGs on the PCRF must match the call log.

(6) After the receipt of the supply or service the AO will verify the existence of a receipt/invoice and acceptance. The AO must physically sign; no signature stamps allowed.

3. Placing the Order. The Purchase Card may be used for telephone, internet, or in-store purchases. Use of PayPal or similar third party payment processors must be avoided whenever possible. The only exception is when no other source for the item/service is available. Contact Citibank if the card is declined. If the decline is for a blocked Merchant Category Codes, contact the Level V APC for force authorization instructions.

4. Purchase Card Log. CHs will make a Log entry in call number sequence immediately following the purchase of supplies or services. Each CH must prepare and maintain a Log, see Appendix C; one sheet/book per cardholder.

a. The APC assigns each CH a six digit call number that identifies the unit and the cardholder, e.g., BCOM01=Base Comptroller, Cardholder 01. Call



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numbers are recorded in sequence on the Purchase Card log (e.g., BCOM01-001, BCOM01-002 etc.). Start a new call number sequence at the beginning of each Fiscal Year (FY).

b. A Purchase Card Log will be attached to the CH's statement for each billing cycle.

c. The CitiDirect on-line purchase card log is mandatory for reporting transactions made in support of a declared humanitarian or contingency operation.

5. COTS Training. AOs will verify SF-182 training requests are for training regularly scheduled, open to the general public (e.g., an event, conference, or instructional service), and priced the same for everyone in the same category (i.e., price per student, course, program, service, or training space).

a. For training requests \$3000 to \$25,000, AO/CH must have APC authorization to exceed the SPL before entering into an agreement with the vendor to perform the training.

(1) To request authorization to exceed the SPL, the AO/CH must submit an approved PCRF and an approved SF182 (with all required signatures) to the APC.

(2) The APC will email a SPL increase/authorization to the AO and CH.

b. Known requirements for commercial training events greater than \$25,000 shall not be broken into multiple increments to avoid the \$25,000 training threshold.

c. On occasion it may be cost effective to request the instructor provide training at the base, rather than pay travel and per diem to the instructors' location. In those cases, the contracting office will negotiate total price and any related terms and conditions such as providing Government facilities and include them in the contractual agreement.

d. CHs will add their information to the SF-182, see Appendix F.

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## Chapter 6

Citibank Access, Reconciliation, Verification, and Certification

1. Citibank Access. To access Citibank, go to the home page URL:  
<https://home.cards.citidirect.com/CommercialCard/Cards.html>.

a. CHs select "Self registration for card holders" and follow the registration instructions.

b. AOs receive two emails from Citibank. One contains a pass code and the other contains a registration ID. Select "Self registration for non card holders", copy and paste the pass code and ID and follow the instructions.

c. To maneuver in Citibank select "Web Tools", "Citidirect Card Management System", "SP-2" then "Inbox".

2. Certification. The billing cycle begins on the 20th of each month and ends on the 19th of the following month. During the cycle, the statement status is "interim". At the end of the cycle, the status changes to "new". CHs and AOs have five working days to certify their statement for payment. When the CH completes their certification the status changes to "pending approval". The status changes to "reviewed", then "closed" as the AO reviews CH's statements and certifies the account for payment.

3. Cardholder Reconciliation. Before certifying the statement for payment CHs will review all transactions on the statement annotate call numbers (from the call log) beside each transaction and verify charges, credits, outstanding disputes or refunds.

a. Use the "Pay and Confirm Procedures" when the CH has been billed and has not received the items ordered.

(1) The CH shall confirm with the vendor that the supply ordered is in transit.

(2) Reconcile the monthly statement in full anticipation the supply will be received.

(3) Track the transactions, if the supply is not received within the next billing cycle, the CH will then dispute the item (see paragraph 3b below).

(4) Pay and confirm procedures are used when damaged items are received, are under warranty, or when the vendor confirms replacement or modify/repair within the next billing cycle.

b. Disputes must be submitted when pay and confirm procedures have failed and when erroneous charges appear on the CH's statement.

(1) The CH must contact the vendor to attempt to resolve the charges, and if they cannot be resolved with the vendor, notify your APC (PAT reportable).

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- (2) Call Citibank (1 800-790-7206) to dispute the charge.
  - (3) Complete and fax a dispute form to Citibank.
  - (4) Disputes must be submitted to Citibank within 60 days of the transaction post date.
- c. Online Certification. To certify: Login to Citibank, select "Web Tools", "Citidirect Card Management System", and then "SP2".
- (1) Select "Inbox", "Current Status" and Current month;
  - (2) Check the indicator to verify each transaction;
  - (3) Select "Submit", add comments if needed and proceed;
  - (4) A certification statement appears; *right click the mouse and print the statement*. If you pass the certification statement use Appendix G;
  - (5) Proceed, status changes to "Pending Approval";
  - (6) Print, sign, and date the statement;
  - (7) Annotate the call number from the call log next to the transaction on the statement; and
  - (8) The AO must reconcile the CH statement, then sign and date the CH certification statement.

4. AO Reconciliation. AOs will reconcile their statement with the CH documents and verify sales receipts or invoices are present. They will also verify receipt and acceptance has occurred by signing the verification on the PCRF.

a. If the CH is unavailable or unable to reconcile the statement, the AO will certify the statement (and reconcile when the CH is available).

b. AOs certifying electronically are required to print, sign, and maintain their monthly statement for each billing cycle.

Note: To print the statement. On the Home Landing Page select "Card Number Equals"; use drop down select "contains"; enter the last six digits of the AO account number. Select the following: "Search", "View Statements", (to right in small red letters) "Download", select PDF and Download.

c. AO Certification. To certify: Login to Citibank, select "Web Tools", "Citidirect Card Management System", and then "SP2".

- (1) Go to "Inbox", "Current Status" current month;
- (2) Select CH statement, and reconcile each transaction;
- (3) You can dispute any incorrect transaction;
- (4) Select "Approve", a note box appears, proceed;
- (5) Statement appears, print statement and "Certify";

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(6) For more than one CH, repeat steps 2, 3, and 4; and

(7) If there are no charges, no action is required.

5. Delinquency. Failure to certify the statement for payment five working days after the cycle ends will cause the account to be suspended. See chapter 8, paragraph 3 of this Order.

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## Chapter 7

Program Oversight and Review

1. Program Oversight. APC audits and PAT are file reviews designed to teach, prevent, identify, and provide corrective action in instances of misuse, abuse, fraud, or mismanagement. It is the AO's responsibility to ensure files requested for audits are sent to the APC.

a. A complete Purchase Card transaction file has a completed PCRF, invoice/receipt, waiver (if required), accountability document for pilferable items (if required), SF 182 (for training), and any other supporting documents, e.g., proof of non-availability and/or emails.

b. A complete CH file is kept in chronological sequence by Citibank statement with a monthly purchase card log, certification statement and a complete purchase request file. A monthly folder is the preferred method of storage. Files kept in binders may be perforated and will be separated by billing cycle, using dividers. Documents delivered to the APC for audits or other purposes shall not be in plastic document protectors.

c. A complete AO file has a signed monthly statement and a signed monthly certification statement.

2. Reviews and Audits. Emails are sent to the AO and CH when an audit is due.

a. The APC will review CH files approximately 60 days after receiving the GCPC. The AO will accompany the CH to the APC Office for the review.

(1) The CH will bring their original completed files, delegation letter, DD 577, training certificates, a copy of references (a) and (b), and this IOP to file review.

(2) Significant discrepancies may require the AO and CH to repeat the local training class.

b. APC audits are 100% transaction reviews scheduled and performed at the discretion of the APC. Completed originals of the AO and CH purchase file, delegation letter, and DD 577 will be delivered to the APC upon request. The APC will schedule an audit for all accounts within an 18 month period, unless there is a change of AO. Audit findings may result in any of the following administrative actions:

(1) The APC will counsel AOs and CHs for minor discrepancies.

(2) CHs and AOs will take remedial training for repeat violations. Suspension of the account is at the discretion of the CCO.

(3) The APC will suspend the account for (Reportable) serious violations. See chapter 8, paragraph 2a of this Order.

c. Change of AO Audit. The APC will conduct a turn-over Audit before a New AO is assigned to an account. This will consist of all completed transaction files, since the last turn-over audit.

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(1) If the AO departs without notifying the APC, the account may be suspended until an audit is completed.

(2) Supported units at remote locations from Camp Lejeune will send records via certified delivery at unit's expense.

3. Fraud and Abuse Indicators. During audits/reviews APCs will look for indicators of fraud and abuse.

a. Multiple bills or invoices for same item(s) purchased.

b. Missing Invoices; for companies with different names, with the same address and with the same owner.

c. CH has a preference for a vendor(s) (minimal rotation among qualified vendors).

d. Indicators of a split purchase:

(1) Identical amounts and descriptions;

(2) Receipts exceeding \$3,000 for supplies;

(3) Receipts exceeding \$2,500 for services;

(4) All items purchased on the same day;

(5) Sequential invoice numbers;

(6) No receipt provided;

(7) Same vendor invoice and job order numbers;

(8) Copies of original documents, missing documents; and

(9) PCRF predated or dated the same as the invoice.

4. Property Management Procedures

a. Items with a ready resale value and applicable to personal use, shall be assigned a property control number and recorded in the unit/agency property accounting system. The property control numbers will be annotated on the PCRF.

b. Accounts without an established property accounting system will maintain a file with the property number, item name, manufacturer, serial number and location of accountable items. The prepared 1348-1 property form in Appendix H may be used or a local property document with the required information.

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## Chapter 8

Disciplinary Guidelines

1. Discipline Guidelines. The GCPC shall only be used for authorized U.S. Government purchases. Intentional use of the purchase card for other than official Government business will be considered an attempt to commit fraud against the U.S. Government. If fraud is suspected, documentation will be provided to the command for investigation and disciplinary action as required.

2. APC Actions. There is not a single response appropriate for all audit findings because the merits of each review may vary. Timeliness, proportionality, and the exercise of judgment and common sense are important in determining the appropriate response. There are four reportable misuse categories that will result in the immediate suspension, and U.S. Treasury reimbursement when appropriate. The length of suspension is at the discretion of the CCO.

a. Purchase of Personal Use Items (reimbursement required). Suspend CH account only.

b. Unauthorized Use (reimbursement required). Requires the CO's letter describing whether disciplinary action was taken and whether personnel involved are to be retained in the program. An example letter is provided in Appendix D.

c. Splitting Requirements. Splitting a requirement will cause the account to be suspended. The AO, AAO and all CHs listed on the account will be required to attend remedial training before the account is reinstated. The AO shall submit a letter from their CO (Battalion or above Marine Corps Air Station as appropriate) endorsed through the chain of command to the CO explaining the circumstances and procedures implemented to avoid recurrence. This letter cannot be signed "By direction." An example letter is provided in Appendix D. Repeat offenders may be subject to removal (AO and CH) from the GCPC program. A third occurrence within one year may subject a command to removal from the program.

d. Purchase of Prohibited Items. If a CH purchases a prohibited item listed or referenced in Appendix E, such as a gift, the account will be suspended until the AO provides the APC a letter from their CO explaining the circumstances and procedures implemented to avoid recurrence. This letter cannot be signed "By direction." An example letter is provided in Appendix D. Accounts that commit repeat offenses will be subject to longer suspensions or permanent removal from the program. Options for resolution of prohibited items purchased are as follows:

(1) CO makes a necessary expense determination;

(2) CH or benefactor reimburses the Government; and

(3) The purchase is obligated under an allowable appropriation (i.e., switched from Operations and Maintenance funding to Marine Corps Community Services).

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3. PAT and Account Certification. Failure to certify the statement for payment and submit PAT documents five days after the cycle ends will result in the account being suspended.

a. First Offense. Suspend AO account until paid and PAT requirements are approved by the APC.

b. Second Offense. Suspend account until the next billing cycle, account is paid and PAT requirements are approved by the APC.

c. Third Offense. Suspend account and request command assistance.

4. Unauthorized Commitments. An unauthorized commitment is an agreement that is not binding solely because the Government representative who made the obligation lacked the authority to enter into that agreement on behalf of the Government (FAR 1.602). Ordering and acceptance of supplies and services without benefit of a legal contract may incur a personal liability to the individual who made the commitment. CHs shall not use the GCPC to pay unauthorized commitments unless directed by the CCO after ratification. For ratification instructions see:

<http://www.lejeune.usmc.mil/contracting/contact/>



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## Chapter 9

Program Audit Tool

1. Program Audit Tool (PAT). PAT is a web-based program that contains a set of rules called filters. There are Summary filters and Transaction filters. Summary filters monitor program management activities. Transaction filters monitor purchase card actions. These filters are programmed to flag certain transactions, e.g., split purchases, PayPal, similar vendors, suspicious activity, etc. Each transaction is sent through these filters and every questionable transaction is sent to the AO's Card Management Systems account for review and explanation. The goal of PAT is to make the AO accountable for transactions of interest.

a. PAT will filter transactions up to three business days after the billing cycle ends. AOs have until the fifth working day after the cycle ends to review filtered transactions and forward supporting documents to their APC.

b. Supporting documents are copies of: PAT transaction summary page, PCRF, Vendor's invoice, Purchase Card Log Book, Waivers (if required), a 1348 or accountable document for pilferable items, and a SF182 for training.

c. During the review AOs are required to answer a series of questions for each filtered transaction. Any attempt to falsify PAT information reviewed or documents submitted to the APC is justification for removal from the GCPC.

2. Access. To access PAT: log in to Citibank, select Citidirect Card Management System", and then "SP2".

a. Go to "Reporting"; select "Program Audit Tool" and then "OK";

b. Ensure the correct cycle that ended on the 19th of the prior month is chosen;

c. Select the "Not Reviewed" (NR) transactions and answer the program questions;

d. Review questions; select "Review Complete"; status changes to "Pending Approval" and

e. For rejected/returned transactions, read the notes, make the corrections and resubmit.

3. Level III APC (HQM) Review. The MCIEAST-MCB CAMLEJ APC will forward all PAT transactions to the Level III for review. The Level III APC may reject and return transactions for additional information/documentation.

## APPENDIX A

Report Control Symbol: DD-7500-11 RFR REXEMPT

## MCIEAST-MCB CAMLEJ PURCHASE CARD SETUP FORM- INSTRUCTIONS

**SECTION I**

To nominate an Approving Official or Cardholder, the Unit/Activity must complete Section II & III below then submit to the Agency Program Coordinator.

1. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL-Requires the unit Commanding Officer/Director's signature.
2. CARDHOLDER-Requires Approving Official signature and Section III Financial & Accounting Information must be completed by the Comptroller.

**SECTION II\*\* APPROVING OFFICIAL/CARDHOLDER INFORMATION**

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| Name of nominated Approving Official/Cardholder     |   |  |                                      |
| *Last Name  | *First Name                               | *Middle Initial  | *Rank/Grade                          |
| *Complete Name of Agency/Organization               |   | * Verification Information, Pay Entry/Benefits Start Date (MMYY) |                                      |
| *Mailing Address                                    |   | * Activation Information (4 digit PIN of your choice)            |                                      |
| *Building Number and Street Address                 |   | * Business Phone   | * Fax Number                         |
| *Nominated Approving Official/ Cardholder Signature |   |  | * E-Mail Address                     |
| *Approving Official Printed Name                    | *Approving Official Signature             | <input type="checkbox"/> ALTERNATE OR                            | <input type="checkbox"/> REPLACEMENT |
| *Rank/Name of Commanding Officer/Director           | *Signature of Commanding Officer/Director | * Phone Number   |                                      |

**\*\* CARDHOLDERS MUST TAKE THIS FORM TO THEIR COMPTROLLER\*\***

|                       |                       |       |      |
|-----------------------|-----------------------|-------|------|
| COMPTROLLER NAME/RANK | COMPTROLLER SIGNATURE | PHONE | DATE |
|-----------------------|-----------------------|-------|------|

**SECTION III\*\* FINANCIAL & ACCOUNTING INFORMATION**

|  |        |           |         |   |           |        |        |        |       |
|--|--------|-----------|---------|---|-----------|--------|--------|--------|-------|
| Unit Identification Code (UIC) e.g. , N12345 |        |           |         | * Obligation Indicator: <input type="checkbox"/> (B) Bulk, (T) Transactional, (O) CONUS |           |        |        |        |       |
| *Master Accounting Code (LOA)                |        |           |         | * Number next to field description is <b>required</b> length of field.                  |           |        |        |        |       |
|  | GA: 2  | BFYEFY: 8 | APPN: 4 | SBHD: 4   | OBJCLS: 4 | BCN: 5 | SA: 1  | AAA: 6 | TT: 2 |
|  | PAA: 6 |           | CC: 12  |   |           |        |        |        |       |
| STARS HCM ONLY                               | MCC: 2 | USMC only | FA: 2   | BESA: 2   | CAC: 4    | BRC: 2 | RON: 3 | RBC: 1 | FC: 2 |

**SECTION IV REPORTING PARAMETERS**

|                      |   |       |   |       |   |       |   |       |   |  |   |  |   |  |
|----------------------|---|-------|---|-------|---|-------|---|-------|---|--|---|--|---|--|
| Reporting Hierarchy: | 1 | 00701 | 2 | 00017 | 3 | 00027 | 4 | 00073 | 5 |  | 6 |  | 7 |  |
|----------------------|---|-------|---|-------|---|-------|---|-------|---|--|---|--|---|--|

**SECTION V AUTHORIZATION PARAMETERS**

|                           |                                      |       |
|---------------------------|--------------------------------------|-------|
| * Monthly Cycle Limit: \$ | * Single Dollar Transaction Limit \$ | CALL# |
|---------------------------|--------------------------------------|-------|

**Note: Fields marked with an \*\* asterisk must be completed or the form will be returned.**

Date/ received: \_\_\_\_\_

**MCIEAST-MCB CAMLEJ PURCHASE CARD REQUEST FORM**

|   |                                  |   |  |   |                    |
|---|----------------------------------|---|--|---|--------------------|
| Requester's Name:   |                                  | Phone Number:   |  | Date:   |                    |
| Department and Section:   |                                  | <input type="checkbox"/> PRIORITY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE |  |   |                    |
| IAW NAVSUPINST 4200.99b, this request is for a Bona-fide need for which appropriation is available to meet the minimum government requirement.  |                                  |   |  |   |                    |
| CO/DIR Print Name:  |                                  | CO/DIR Signature:   |  |   | Date:              |
| <b>Description/Nomenclature (attach list if needed)</b>   | <b>(make / model / pn / nsn)</b> | <b>QTY</b>  | <b>U/I</b>   | <b>Unit Price</b>   | <b>Total Price</b> |
|   |                                  |   |  |   |                    |
|   |                                  |   |  |   |                    |
|   |                                  |   |  |   |                    |
|   |                                  |   |  |   |                    |
|   |                                  |   |  |   |                    |
| <b>Justification (attach additional sheets as needed): CO/DIR shall sign the bona-fide need statement above when APC/legal counsel is required:</b>   |                                  |   |  |   |                    |
|   |                                  |   |  |   |                    |
| <b>Pre-Purchase Checklist: (Cardholder USE ONLY)</b>  |                                  |   | <b>FIPS AND DOCUMENT NUMBERS</b>   |   |                    |
| 1. Is this Item/s on the prohibited list? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>2. Is this a "split buy"? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>3. Rotated vendors for like item? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>4. G/6NMC I Waiver for IT/Wireless Radio Equipment required? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>5. Waiver for Visual Info/Audio/Cable Service required? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>6. Hazardous Material waiver required? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>7. Is II MEF G4 Waiver required? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>8. Is this accountable property or a "pilferable" item? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>9. Is item recorded in accountable property log <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |   | DOC Number:: _____<br>FIP: _____ RUC: _____<br>LOA: _____<br>HAZMAT AUL# _____<br>Property Control# _____<br>OCONUS Worksheet required    Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |                    |
| <b>Have you screened required sources below: (Cardholder USE ONLY)</b>  |                                  |   |  |   |                    |
| Agency Inventory/Local Supply/ServMart  |                                  | https://www.usmcservmart.gsa.gov  |  | Available? <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Office/IT Products      DODEMALL  |                                  | https://dod-emall.dla.mil/acct/   |  | Available? <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Janitorial                      AbilityOne  |                                  | http://www.abilityone.com   |  | Available? <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Furniture                      NAVSUP FLC, Norfolk  |                                  | http://acquisition.navy.mil/  |  | Available? <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| GSA wholesale                      GSA  |                                  | http://www.gsaadvantage.gov   |  | Available? <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Printing                      DLADS   |                                  | http://www.documentservices.dla.mil   |  | Available? <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Training                      COTS  |                                  | Commercial Off the Shelf SF182 Required   |  | Available? <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |
| Type of order: <input type="checkbox"/> Phone <input type="checkbox"/> Over the Counter <input type="checkbox"/> Internet <input type="checkbox"/> Other  |                                  |   |  |   |                    |
| <b>Ensure vendor is screened for the following: (Cardholder USE ONLY)</b>   |                                  |   | <b>Required signatures prior to the purchase:</b>  |   |                    |
| Does Vendor Accept Government Purchase Card? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                  |   | <b>Funds Approved by Signature:</b> _____<br>Title (Print)    Name (First, MI, Last)                      DD/MM/YYYY<br><b>Card Holder Signature:</b> _____<br>Title (Print)    Name (First, MI, Last)                      DD/MM/YYYY<br><b>AO Approval Signature:</b> _____<br>Title (Print)    Name (First, MI, Last)                      DD/MM/YYYY |   |                    |
| Does the Vendor Charge sales tax or credit card fees? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |   |  |   |                    |
| Does Vendor use Third Party Card processor (ie Pay Pal)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                  |   |  |   |                    |
| Does the total price quoted include all shipping charges? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |   |  |   |                    |
| Is this Fill or Kill ( <b>NO BACK ORDERS</b> )? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |   |  |   |                    |
| Informed charges cannot be processed prior to delivery <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                  |   |  |   |                    |
| <b>Vendor Information (CARD HOLDER USE ONLY)</b>  |                                  |   |  |   |                    |
| Name: _____   |                                  |   |  |   |                    |
| Address: _____  |                                  |   |  |   |                    |
| Phone Number: _____ POC: _____  |                                  |   |  |   |                    |
| <b>Order Information</b>  |                                  |   | <b>Receiver must sign Sales Receipt/Invoice to verify quantity</b>   |   |                    |
| Call Number: _____ Date Ordered: _____  |                                  |   | <b>Received By Signature:</b> _____  |   |                    |
| Est. Delivery: _____ Actual Cost: _____   |                                  |   | Title (Print)    Name (First, MI, Last)                      DD/MM/YYYY  |   |                    |
| Date Received: _____  |                                  |   |  |   |                    |
| <b>MISC UNIT INFORMATION</b>  |                                  |   | <b>Verification of Sales Receipt/Invoice and Receipt/Acceptance</b>  |   |                    |
|   |                                  |   | <b>AO Signature:</b> _____   |   |                    |
|   |                                  |   | Title (Print)    Name (First, MI, Last)                      DD/MM/YYYY  |   |                    |

Digital Signature- CAC card users can digitally sign this form. After signing the form, save the form to a folder or to the desktop, then attach the form in an E-Mail to send to the next person/department in the routing of the form.

[illegible]

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CO Reinstatement Letter Sample

Command Letterhead

4200

Date

From: Commanding Officer, (Battalion or higher)  
To: Chief of Contracting, Regional Contracting Office, Marine  
Corps Installations East-Marine Corps Base, Camp Lejeune

Subj: REQUEST FOR REINSTATEMENT OF GCPC ACCOUNT

Ref: (a) MCIEAST-MCB CAMLEJO 4200.1

1. After review of the details pertaining to the suspension of the GCPC account for (state the battalion or the GCPC account name), I request the account be reinstated with the same credit limitations in place before the suspension date, per the reference. I understand that the APC will conduct an audit of the account on or around 60 days after reinstatement.
2. The violation occurred as a result of (explain incident details)
3. The command has taken the following corrective actions to ensure compliance with program regulations and guard against future violations: (explain corrective actions).
4. (In the case of a prohibited purchase, a necessary expense certification may be required by the Commanding Officer (CO) if it is not allowable under the appropriation used. COs should consult with Staff Judge Advocate of Eastern Area Counsel Office for guidance).
5. Command point of contact is (fill as appropriate).

Commanding Officer

Note:

"By direction" not permissible.

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Prohibited/Restricted Item and Waivers

1. Prohibited Items. For additional guidance see chapter 5 of reference (a) and Attachment D of reference (b).

Services above \$2,500 (calendar year or event)

Ammunition

Parts purchased to modify a weapon system

Vehicle repair and towing of USMC owned, leased or rented equipment

Travel related expense

Petroleum, oil and lubricants for fleet assets

Toner cartridges from other than required source

Overnight delivery service, e.g., FedEx, United Parcel Service

Untested unapproved equipment and like substitutes. (Refer to CG II MEF 311725Z Jan 11).

2. Restricted/Personal Use Items. The U.S. Treasury must be reimbursed for all items purchased for personal use, or personal benefit of an individual(s).

Coffee, creamers, gatorade or any other refreshments

Clothing

Food-other than those exceptions listed in reference (a)

Condiments, paper plates/cups/knives, utensils, etc

Business Cards

End of tour awards, plaques, gifts, etc.

Command coins-only for an established unit awards program in accordance with reference (d).

3. Required Waivers. Waivers, i.e., C4I, Supply Management Division, ServMart, etc., do not authorize CHs to purchase from a commercial source. Required sources must first be checked.

Base/Local Property Office for office items/furniture, e.g., TVs, desks, fans, A/C units, faxes, monitors, printers, etc.

Information Technology (IT) (Blackberries) a C4I waiver from Communications Information Technology Service Division (CITSD) or AC/S G-6 (as appropriate).

Hazardous Materials are approved by Environmental Management Division or AC/S, G-F Authorized User List.

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Bottled water for buildings must be approved by the AC/Ss of G-F/Base Installations/Corps of Engineers. The RCO must approve bottled water for exercises or events.

Guidon waivers are provided by the item manager at Marine Corps Logistics Base Albany at DSN 567-5837.

Special Order Personal Protective Equipment and ergonomic orders require written approval from the Safety Officer.

4. Marine Corps Issue Personal Protection Equipment (PPE), Individual Combat Clothing Equipment (ICCE), 782 Gear, or Other Combat Equipment: In accordance with CG II MEF G4 311725Z Jan 11. Items listed in Equipment Manuals and SL-3's will not be substituted for without approval from the program managers' office in the form of a Supply Instruction, or published change to the equipment manual or SL-3 this includes all weapon parts and SL-3 likewise, per COMMARCORSYSCOM 131317Z DEC 10, no substitution is authorized for standard Marine Corps issue PPE, ICCE, 782 gear, or other combat equipment without a specific waiver through the chain of command.

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|  |   |  |  |   |  |  |
|--|---|--|--|---|--|--|
| <b>AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING</b>  |   |  | A. Agency, code agency subelement and submitting office number   |   | B. Request Status (Mark (X) one)<br><input type="checkbox"/> Resubmission <input type="checkbox"/> Initial<br><input type="checkbox"/> Correction <input type="checkbox"/> Cancellation              |  |
| <b>Section A - TRAINEE INFORMATION</b><br>Please read instructions on page 6 before completing this form.      |   |  |  |   |  |  |
| 1. Applicant's Name (Last, First, Middle Initial)  |   |  | 2. Social Security Number/Federal Employee Number  |   | 3. Date of Birth (yyyy-mm-dd)  |  |
| 4. Home Address (Number, Street, City, State, ZIP Code) (Optional)   |   |  | 5. Home Telephone (Optional) (Include Area Code)   |   | 6. Position Level (Mark (X) one)<br><input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Manager<br><input type="checkbox"/> c. Supervisory <input type="checkbox"/> d. Executive |  |
| 7. Organization Mailing Address (Branch/Division/Office/Bureau/Agency)   |   |  | 8. Office Telephone (Include Area Code and Extension)  |   | 9. Work Email Address  |  |
| 10. Position Title   |   | 11. Does applicant need special accommodation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | If yes, please describe below   |  |  |
| 12. Type of Appointment  | 13. Education Level (click link to view codes or go to page 7)  | 14. Pay Plan   | 15. Series   | 16. Grade   | 17. Step   |  |
| <b>Section B - TRAINING COURSE DATA</b>  |   |  |  |   |  |  |
| 1a. Name and Mailing Address of Training Vendor (No., Street, City, State, ZIP Code)                           |   |  | 1b. Location of Training Site (if same, mark box) <input type="checkbox"/>                                       |   |  |  |
|  |   |  | 1c. Vendor Telephone Number  |   | 1d. Vendor Email Address   |  |
| 2a. Course Title   | 2b. Course Number Code  | 3. Training Start Date (Enter date as yyyy-mm-dd)  |  | 4. Training End Date (Enter date as yyyy-mm-dd)                           |  |  |
| 5. Training Duty Hours   | 6. Training Non-Duty Hours  | 7. Training Purpose Type (Click link to view codes or go to page 9)  |  | 8. Training Type Code (Click link to view codes or go to page 9)          |  |  |
| 9. Training Sub-Type Code (Click link to view codes or go to page 9)   | 10. Training Delivery Type Code (Click link to view codes or go to page 12)   | 11. Training Designation Type Code (Click link to view codes or go to page 13)                             |  | 12. Training Credit   | 13. Training Credit Type Code (Click link to view codes or go to page 13)  |  |
| 14. Training Accreditation Indicator (Check below)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Continued Service Agreement Required Indicator (Check below)<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 15. Continued Service Agreement Expiration Date (Enter date as yyyy-mm-dd)                                 |  | 17. Training Source Type Code (Click link to view codes or go to page 13) |  |  |
| 18. Training Objective   |   |  | 19. AGENCY USE ONLY<br>To my knowledge this training is not available through any Local, State or Federal Agency |   |  |  |
| <b>Section C - COSTS AND BILLING INFORMATION</b>   |   |  |  |   |  |  |
| 1. Direct Costs and Appropriation / Fund Chargeable  |   |  | 2. Indirect Costs and Appropriation / Fund Chargeable  |   |  |  |
| Item   | Amount  | Appropriation Fund   | Item   | Amount  | Appropriation Fund   |  |
| a. Tuition and Fees  | \$  |  | a. Travel  | \$  |  |  |
| b. Books & Material Costs  | \$  |  | b. Per Diem  | \$  |  |  |
| c. TOTAL   | \$  |  | c. TOTAL   | \$  |  |  |
| 3. Total Training Non-Government Contribution Cost   |   |  | 6. BILLING INSTRUCTIONS (Furnish invoice to):  |   |  |  |
| 4. Document / Purchasing Order / Requisition Number  |   |  | Cardholder: Name Card# last four:  |   |  |  |
| 5. 6 - Digit Station Symbol (Example - 12-34-5678)   |   |  | Appn:  |   |  |  |
|  |   |  | Cardholder signature   |   |  |  |



13 SEP 2012

AO/CH Certification Statement

I certify on \_\_\_\_\_ that, except as may be noted herein or on supporting documents, the purchases and amounts shown documented on this statement:

1. Are correct and were required to fulfill immediate mission requirement of my organization.
2. Do not exceed spending limits approved by the Financial Manager.
3. Are not for my personal use or the personal use of the receiving individual.
4. Are not items that have been specifically prohibited by my organization or by statute (e.g., real estate, transportation, or travel).
5. Have not been split into smaller segments to stay under the micro purchase limit (currently \$3,000.00).

\_\_\_\_\_  
Authorized Cardholder Signature (or electronic certification)

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I certify on \_\_\_\_\_ that, except as may be noted herein or on supporting documents, the purchases and amounts shown documented on this statement:

1. Are correct and were required to fulfill immediate mission requirements of my organization.
2. Do not exceed spending limits approved by the Financial Manager.
3. Are not for my personal use or the personal use of the receiving individual.
4. Are not items that have been specifically prohibited by my organization or by statute (e.g., real estate, transportation and travel).
5. Is not part of a system or larger purchase exceeding \$100,000.00 in value.
6. Have not been split into smaller segments to stay under the micro purchase limit (currently \$3,000.00).

In making this certification, I understand that the cardholder has not notified me of any duplicated payments and/or any fraudulent or improper charges to their account. The cardholder will be responsible for repaying my organization up to the amounts permitted by regulation for any purchases that do not meet the above requirements as determined by audit and/or reconciliation. I also understand that the disbursing officer will charge for any late interest payment penalties in accordance with the Prompt Payment Act.

\_\_\_\_\_  
Signature of Approving Official

13 SEP 2012

Property Record Information Form

|   |     |   |    |       |   |       |   |    |     |     |    |     |    |     |   |   |   |   |       |  |                |              |            |
|---|-----|---|----|-------|---|-------|---|----|-----|-----|----|-----|----|-----|---|---|---|---|-------|--|----------------|--------------|------------|
| 123   | 456 | 7 | 34 | 56789 | 5 | 67890 | 1 | 23 | 456 | 789 | 12 | 234 | 56 | 789 | 0 | 1 | 2 | 3 | 45678 | 90   | 1. TOTAL PRICE | 2. DATE FROM | 3. DATE TO |
| 24. PROPERTY NUMBER<br>25. PROPERTY ITEM<br>26. MANUFACTURER<br>27. MODEL NUMBER<br>28. SERIAL NUMBER<br>29. PRICE<br>30. LOCATION OF PROPERTY  |     |   |    |       |   |       |   |    |     |     |    |     |    |     |   |   |   |   |       | 4. DATE<br>5. PRICE<br>6. DATE<br>7. DATE<br>8. DATE<br>9. DATE<br>10. DATE<br>11. DATE<br>12. DATE<br>13. DATE<br>14. DATE<br>15. DATE<br>16. DATE<br>17. DATE<br>18. DATE<br>19. DATE<br>20. DATE<br>21. DATE<br>22. DATE<br>23. DATE<br>24. DATE<br>25. DATE<br>26. DATE<br>27. DATE<br>28. DATE<br>29. DATE<br>30. DATE<br>31. DATE<br>32. DATE<br>33. DATE<br>34. DATE<br>35. DATE<br>36. DATE<br>37. DATE<br>38. DATE<br>39. DATE<br>40. DATE<br>41. DATE<br>42. DATE<br>43. DATE<br>44. DATE<br>45. DATE<br>46. DATE<br>47. DATE<br>48. DATE<br>49. DATE<br>50. DATE<br>51. DATE<br>52. DATE<br>53. DATE<br>54. DATE<br>55. DATE<br>56. DATE<br>57. DATE<br>58. DATE<br>59. DATE<br>60. DATE<br>61. DATE<br>62. DATE<br>63. DATE<br>64. DATE<br>65. DATE<br>66. DATE<br>67. DATE<br>68. DATE<br>69. DATE<br>70. DATE<br>71. DATE<br>72. DATE<br>73. DATE<br>74. DATE<br>75. DATE<br>76. DATE<br>77. DATE<br>78. DATE<br>79. DATE<br>80. DATE<br>81. DATE<br>82. DATE<br>83. DATE<br>84. DATE<br>85. DATE<br>86. DATE<br>87. DATE<br>88. DATE<br>89. DATE<br>90. DATE<br>91. DATE<br>92. DATE<br>93. DATE<br>94. DATE<br>95. DATE<br>96. DATE<br>97. DATE<br>98. DATE<br>99. DATE<br>100. DATE |                |              |            |
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DD FORM 1348-1A, JUL 91 (80) ISSUE RELEASE/RECEIPT DOCUMENT

24. PROPERTY NUMBER  
25. PROPERTY ITEM  
26. MANUFACTURER  
27. MODEL NUMBER  
28. SERIAL NUMBER  
29. PRICE  
30. LOCATION OF PROPERTY

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OTHER INFO

RANK: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_  
 UNIT/SECT: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

COPY 1

**PROPERTY RECORDS  
INSTRUCTIONS**

To help Cardholders stay in compliance with the NAVSUPINST 4200.99, This office is aware that not all property purchased will be added to the Units CMR. As per the instructions all pilferable items that have ready resale value or application to personal possession and that are subject to theft must be entered in to an appropriate property control system. Above is a simple way for all Units to be in compliance with the regulations. Property control number is cardholder's initials and the Julian date. Property Item purchased (digital camera, fax, etc...). Manufacturer (Sony, Fellows, etc...). Model Number, Serial Number, Price, and Location (where the property item will be kept). Printed Name of Receiver. Signature of Receiver. Date Property was signed for. The Property Control number must be annotated on the front of the Purchase Request in the space provided. This form must be attached to the back of the purchase request.