

AO

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. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5.

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 Section 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: APPOINTING AUTHORITY

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

SECTION II - TO: APPOINTEE

6. NAME (First, Middle Initial, Last)	7. SSN	8. TITLE
9. DOD COMPONENT/ORGANIZATION	10. ADDRESS (Include ZIP Code)	
11. TELEPHONE NUMBER (Include Area Code)	12. EFFECTIVE DATE OF APPOINTMENT (YYYYMMDD)	
13. POSITION TO WHICH APPOINTED (X as applicable (one only))		
<input type="checkbox"/> DISBURSING OFFICER	<input type="checkbox"/> DEPUTY DISBURSING OFFICER	<input type="checkbox"/> DISBURSING AGENT
<input type="checkbox"/> PAYING AGENT	<input type="checkbox"/> CASHIER	<input type="checkbox"/> COLLECTION AGENT
<input type="checkbox"/> CHANGE FUND CUSTODIAN	<input type="checkbox"/> IMPREST FUND CASHIER	<input type="checkbox"/> CERTIFYING OFFICER
<input checked="" type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL		

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE:

Authorizing official Approve DTS travel authorizations. You may not concurrently serve in another accountable position, such as Defense Travel Administrator (DTA). Exception under is on a case-by-case basis with express written approval by the ACOM, ASCC, or DRU (formerly MACOM) headquarters. You may not approve your own local voucher, voucher, or travel authorization that includes disbursement of funds. Only an SAO may approve his or her own travel authorization. Unless you are also appointed as a Certifying Officer, you do not have authority to certify travel documents for payment.

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, Volume 5, Chapter 33, Volume 9, Chapter 2

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 item 17 below.

16. PRINTED NAME (First, Middle Initial, Last)	17. SIGNATURE
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SECTION IV - TERMINATION OF APPOINTMENT

The appointment of the individual named above is hereby revoked.		18. DATE (YYYYMMDD)	19. APPOINTEE INITIALS
20. NAME OF APPOINTING AUTHORITY	21. TITLE	22. SIGNATURE	

AO/CO

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE

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<input type="checkbox"/> CHANGE FUND CUSTODIAN	<input type="checkbox"/> IMPREST FUND CASHIER	<input checked="" type="checkbox"/> CERTIFYING OFFICER	
<input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL			

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE:
 Approve DTS travel authorizations, local vouchers, and vouchers. As a certifying officer, you are responsible for certifying travel documents prepared under DTS for payment in accordance with appropriate travel policy. For a Transportation Officer who certifies invoices for payment enter: Approve centrally billed account invoices for payment. As a certifying officer, you are responsible for certifying centrally billed account invoices for payment in accordance with appropriate travel policy. You may not concurrently serve as a deputy disbursing officer to any DSSN, cashier, paying agent, collection agent, change fund custodian, imprest fund cashier, or in any other accountable position involving the management of DTS. You may not approve your own local voucher or voucher.

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:
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11. TELEPHONE NUMBER <i>(Include Area Code)</i>	12. EFFECTIVE DATE OF APPOINTMENT <i>(YYYYMMDD)</i>	

13. POSITION TO WHICH APPOINTED *(X as applicable (one only))*

<input type="checkbox"/> DISBURSING OFFICER	<input type="checkbox"/> DEPUTY DISBURSING OFFICER	<input type="checkbox"/> DISBURSING AGENT
<input type="checkbox"/> PAYING AGENT	<input type="checkbox"/> CASHIER	<input type="checkbox"/> COLLECTION AGENT
<input type="checkbox"/> CHANGE FUND CUSTODIAN	<input type="checkbox"/> IMPREST FUND CASHIER	<input type="checkbox"/> CERTIFYING OFFICER
<input checked="" type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL		

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE:
Debt Management Monitor or Finance Defense Travel Administrator/Debt Management Monitor. Responsible for providing assistance, tracking, and recovery of funds concerning DUE U.S. overpayment and collection actions. (Refer to the Guide to Managing Traveler-Incurred Debt at the DTMO Web Site). You do not have the authority to approve DTS travel documents.

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:
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<input checked="" type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL		

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE:
 DFAS-Army Lead Defense Travel Administrator. Responsible for providing DTS administrative support to organization defense travel administration (DTA) personnel. This role includes training organization DTA personnel, assisting organization DTA personnel with creating and maintaining organizations, routing lists, groups and personal profile data. May assist organization DTA personnel in resolving issues, answering questions and providing functional support to DTS users. Assist organizational DTA with training. You do not have authority to approve DTS documents.

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:
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14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE:
 Finance Defense Travel Administrator. Responsible for administration of DTS Lines of Accounting (LOA's), budgets, and for overall administration of DTS (refer to DODFMR Volume 9, Chapter 2). Responsible for maintaining a file of appointment records and for preparing and forwarding an appropriate letter indicating the location of the appointment records to the DFAS disbursing office(s). May review DTS travel documents for fund control and accuracy. You do not have the authority to approve DTS travel documents.

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14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE:
 Organizational Defense Travel Administrator. Administer DTS, which may include creating and maintaining organizations, routing lists, groups and personal profile data at an appropriate level. May review travel documents prior to approval. Provide training to DTS users/travelers. Provide DTS functional support to users. You do not have the authority to approve DTS travel documents.

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:
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14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE:
 Organizational Lead Defense Travel Administrator. Responsible for coordinating administration of DTS at the organization level, which includes creating and maintaining organizations, routing lists, groups and personal profile data. Coordinate functional support for DTS users. Coordinate and provide DTS training at the organization level. May review travel documents prior to approval. You do not have the authority to approve DTS travel documents.

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14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE:
 Routing Official. Responsible for examining and/or applying data to DTS travel documents prior to approval. May verify eligibility to travel, verify entitlements, and/or apply lines of accounting. You do not have the authority to approve DTS travel documents.

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AUTHORITY: E.O. 9397, 31 U.S.C. Sections 3325, 3528, DoDFMR, 7000.14-R, Vol. 5.

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 Section 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: 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 as applicable (one only))</i> <input type="checkbox"/> DISBURSING OFFICER <input type="checkbox"/> DEPUTY DISBURSING OFFICER <input type="checkbox"/> DISBURSING AGENT <input type="checkbox"/> PAYING AGENT <input type="checkbox"/> CASHIER <input type="checkbox"/> COLLECTION AGENT <input type="checkbox"/> CHANGE FUND CUSTODIAN <input type="checkbox"/> IMPREST FUND CASHIER <input type="checkbox"/> CERTIFYING OFFICER <input type="checkbox"/> DEPARTMENTAL ACCOUNTABLE OFFICIAL		

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY IDENTIFIED IN ITEM 13. YOUR RESPONSIBILITIES INCLUDE:
 non-DTS Entry Agent. Create and sign travel authorizations. Create and sign vouchers and local vouchers, using the T-ENTERED stamp, for submission on behalf of "disconnected" travelers. Receive a manually prepared, signed DD Form 1351-2 or SF 1164 and copies of receipts and supporting documents from "disconnected" travelers for travel vouchers and local vouchers. When signing DTS vouchers for travelers, you certify that the information in the travelers manually prepared and signed voucher or local voucher has been entered as claimed on that voucher. You are not responsible for the validity of the claims on the manual local voucher or voucher signed by the traveler. You will not sign vouchers for travelers as a routine, but only for "disconnected" DTS travelers. You do not have the authority to approve DTS travel documents. You may not serve as a DTS routing official.

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 Volume 5, Chapter 33; Volume 9, Chapter 2, paragraph 020301-f

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 item 17 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. DATE <i>(YYYYMMDD)</i>	19. APPOINTEE INITIALS
20. NAME OF APPOINTING AUTHORITY	21. TITLE	22. SIGNATURE	